FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Mar 03 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P38430 (5) **BIG R PROCUREMENT COMPANY** Principal Place of Business Mailing Address 405 LANCASTER AVE. 405 LANCASTER AVE. GREER SC 29850 GREER SC 29650 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/16/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 57-0949831 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intengible 24 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM B1 Name 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition MCCRANIE, G. EDWIN NAME 1.2 NAME 405 LANCASTER AVE. STREET ADDRESS 1.3 STREET ADDRESS **GREER SC** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change GRAHAM, MORGAN A. NAME 2.2 NAME 405 LANCASTER AVE. STREET ADDRESS 2.3 STREET ADDRESS **GREER SC** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE GLEITZ, JANET J. NAME 405 LANCASTER AVE. STREET ADDRESS 3.3 STREET ADDRESS **GREER SC** CITY-ST-ZIP 3.4. CITY-ST-ZIP TD DELETE TITLE Change Addition 4.1 TITLE GRANT, FRED T., JR. NAME 4. 2 NAME 405 LANCASTER AVE. STREET ADDRESS 4.3 STREET ADDRESS **GREER SC** CITY-ST-ZIF 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition WAY, CHARLES D. NAME 5.2 NAME 405 LANCASTER AVE. STREET ADDRESS 5.3 STREET ADDRESS **GREER SC** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

2/2/08