2000 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empowered.

SIGNATURE

FILED DOCUMENT # P9300000161 Mar 01, 2000 8:00 am **Secretary of State** AXLE HOUSE & SUPPLY COMPANY, INC. 03-01-2000 90002 016 ***150.00 Principal Place of Business Mailing Address 65-B S. US HIGHWAY 17-92 65-B S. US HIGHWAY 17-92 DEBARY FL 32713-3332 DEBARY FL 32713 US HS DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3155972 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required *ou*a 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CIAMBRIELLO, LILLIAN Address (P.O. Box Number is Not Acceptable) 65-B S. US HIGHWAY 17-92 DEBARY FL 32713 8. The above named entity submits this statement for the purpose of changing its pagistered office or registered and not not both, in the State of Florida SIGNATURE NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition Delete TITLE COFIELD, J. B. JR. COFIELD, J.B. JR NAME 3724 KENDALL COURT STREET ADDRESS 3138 HUNTINGTON RIDGE CIR. STREET ADDRESS VALDOSTA, GA. 31605 CITY-ST-ZIP CITY-ST-ZIP VALDOSTA GA 31602 V570 Change Change ☐ Defete TITLE ☐ Addition COFIELD, NANCY L. COURT COFIELD, NANCY L NAME NAME STREET ADDRESS 3138 HUNTINGTON RIDGE CIR. STREET ADDRESS URLDOSTA, UA. 3/605 CITY-ST-ZIP VALDOSTA GA 31602 CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby 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 report or supplemental 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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

02-14-00 407-668-8685