FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
MAY -1 PM 8:27
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000021486 (4)

1. Corporation Name
SOURCE OF SUPPLY, INC.

Principal Place of Business: ~~610 E 10 ST JACKSONVILLE FL 32206~~ 6822 Commerce Ave Port Richey, FL 34668

Mailing Address: ~~610 E 10 ST JACKSONVILLE FL 32206~~ P.O. Box 1143 Port Richey, FL 34673

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 6822 Commerce Ave	2a. Mailing Address: 26 PO Box 1143
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23 Port Richey FL	City & State: 28 Port Richey FL
Zip: 24 34668 / Country: 25	Zip: 29 34673 / Country: 30

3. Date Incorporated or Qualified: 03/15/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: ~~59-3174542~~ 59 2874720 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PEEK, DAVID H
1609 GULF LIFE TOWER
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Sheila Bennett
82 Street Address (P.O. Box Number is Not Acceptable): 6822 Commerce Ave
83
84 City: Port Richey FL 85 Zip Code: 34668

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: Sheila Bennett 4-28-95
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	President ☒ Change ☐ Addition
NAME	RALPH, SHEA E	2 NAME	SHEILA BENNETT
STREET ADDRESS	610 E 10 ST	3 STREET ADDRESS	6822 Commerce Ave
CITY-ST-ZIP	JACKSONVILLE FL 32206	4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE		TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sheila Bennett Pres SHEILA BENNETT 4/28/95 (813) 843-2831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0022006 CP