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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000030593 (6)

SOUTH COUNTRY SUPPLY, INC.

Principal Place of Business Mailing Address 9220 LAWRENCE ROAD 9220 LAWRENCE ROAD **BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>04/23/1993</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable 65-0437206 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution П 28 Added to Fees Zip Country Žφ Country 8. This corporation owes or has paid the current year Intangible 24 30 ☐ No 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BEACH, WAYNE G 9220 LAWRENCE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33436** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.1 TITLE Change NAME **BEACH, WAYNE** 12 NAME 9220 LAWRENCE RD. STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BCH. FL** CITY-ST-ZIP 1.4 CHTY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. 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 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.

6.4 CITY - ST - ZIP