SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:56

DOCUMENT # P94000019264 (8)

1. Corporation Name
SAV-ON SUPPLIES, INC.

Principal Place of Business
26 LEEWARD ISLAND
CLEARWATER FL 34630

Mailing Address
26 LEEWARD ISLAND
CLEARWATER FL 34630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business
21 14 LEEWARD ISLAND
Suite, Apt. #, etc.
22
City & State
23 CLEARWATER FL
Zip
24 34630
Country
25

2a. Mailing Address
26 14 LEEWARD ISLAND
Suite, Apt. #, etc.
27
City & State
28 CLEARWATER FL
Zip
29 34630
Country
30

4. FEI Number: 59-3231168 ☐ 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

HARDEN, PATRICIA J
26 LEEWARD ISLAND
CLEARWATER FL 34630

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable): 14 LEEWARD ISLAND
63
64 City: CLEARWATER FL
65 Zip Code: 34630

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. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☒ Change ☐ Addition
NAME	HARDEN, PATRICIA J	1 2 NAME	
STREET ADDRESS	26 LEEWARD ISLAND	1 3 STREET ADDRESS	14 LEEWARD ISLAND
CITY-ST-ZIP	CLEARWATER FL 34630	1 4 CITY-ST-ZIP	
TITLE	D	2 1 TITLE	☒ Change ☐ Addition
NAME	MORRIS, DONALD H	2 2 NAME	
STREET ADDRESS	26 LEEWARD ISLAND	2 3 STREET ADDRESS	14 LEEWARD ISLAND
CITY-ST-ZIP	CLEARWATER FL 34630	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Pat Harden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/95 (813) 447-8828
Date Daytime Phone #

CR2E034 (3/95)

0114666 CP