FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000030381 (4)**

1. Corporation Name
VANGUARD INDUSTRIAL SUPPLY, INC.

Principal Place of Business	Mailing Address
8640 DEERMOSS WAY EAST JACKSONVILLE FL 32217	8640 DEERMOSS WAY EAST JACKSONVILLE FL 32217

3. Date Incorporated or Qualified: 04/19/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 6653-7 POWERS AVENUE
22: Suite, Apt #, etc.
23: City & State: JACKSONVILLE FLORIDA
24: Zip: 32217
25: Country: DUVAL

2a. Mailing Address
26: 6653-7 POWERS AVENUE
27: Suite, Apt #, etc.
28: City & State: JACKSONVILLE FLORIDA
29: Zip: 32217
30: Country: DUVAL

4. FEI Number: 59-3300730 ☐ 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

WINER, SUSAN L
8640 DEERMOSS WAY EAST
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6653-7 POWERS AVENUE
83
84 City: JACKSONVILLE FL 85 Zip Code: 32217

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: Susan L Winer — SUSAN L. WINER — 4/29/96
(Signature of the new registered agent, if changed) (NOTE: Registered Agent signature is required whether or not changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition PRESIDENT SYLVESTER C. FORMEY 107 EAST LATHROP AVENUE SAVANNAH, GEORGIA 31401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 900001810409 -05/07/96--01018--041 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition SVP

CR2E034 (12/95)

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)(k), 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: S Formey — SYLVESTER C. FORMEY — PRESIDENT — 4/29/96 — (912)-236-1766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #