2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Apr 06, 2006 8:00 am Secretary of State DOCUMENT # P95000058572 1. Entity Name 04-06-2006 90018 034 ***150.00 INDUSTRIAL SUPPLY OF LAKELAND, INC. Mailing Address Principal Place of Business 1221 EASTON DR 1221 EASTON DR LAKELAND FL 33803 LAKELAND FL 33803 Principal Place of Business. Mailing Address 1st MOORE CR2E034 (10/05) City & State akio (and City & State 4. FEI Number Applied For 59-3333350 a KOlav Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Blondell, Donald K BLONDELL, DONALD K O. Box Number is Not Acceptable 1221 EASTON DR LAKELAND FL 33803 keland 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE n Delete TITLE ☐ Addition Blandell Donald K. 2504 Eden Parkway BLONDELL, DONALD K NAME NAME STREET ADDRESS STREET ADDRESS 1221 EASTON DR CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-ZIP alceland, Change Delete TITLE ☐ Addition Blondell, Kaven L 2504 Eden Parkway BLONDELL, KAREN L STREET ADDRESS STREET ADDRESS 1221 EASTON DR akeland, 4 3380 CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-7iP iine Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY - ST - ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 receives or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching fully with an address, with all other libre empowered.

brald K.Blondell 3-2006 863-688

FILED