2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

address, with all other

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 10, 2000 8:00 am DOCUMENT # P95000080799 1. Entity Name Secretary of State SOUTHCO SUPPLY, INC. 02-10-2000 90037 021 ***150.00 Principal Place of Business Mailing Address P.O. BOX 10202 P.O. BOX 10202 PENSACOLA FL 32524-0202 PENSACOLA FL 32524 BCC15980 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3340071 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FOSTER, DENNIS P Street Address (P.O. Box Number is Not Acceptable) 5572 NORTHSHORE WAY PENSACOLA FL 32507 Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Change ☐ Addition ☐ Defete TITLE FOSTER, DENNIS PAUL NAME STREET ADDRESS STREET ADDRESS 5572 N SHORE WAY CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL TITLE Delete TITLE NAME NAME KELLER, DAVID BRUCE STREET ADDRESS STREET ADDRESS 2332 WIND STONE DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Change Addition ☐ Delete NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST~ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE 1. The 2 of 1 NAME NAME CORPUS SELECTION OF SELECTION O STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP on 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 elemental 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 roturustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the informaindicated on this report or supplet of the corporation or the receiv