2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 30, 2001 8:00 am Secretary of State DOCUMENT # P9600004756 BANC SUPPLIES, INC. 03-30-2001 90321 030 ***150.00 Principal Place of Business Mailing Address 4709 CRUMP RD P.O. BOX 1887 DUNDEE FL 33838-1887 UNIT 2 LAKE HAMILTON FL 33851 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3361120 Not Applicable Zip Country Zip 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 Name SMITH, CHARLES S Street Address (P.O. Box Number is Not Acceptable) 3000 EXECUTIVE ROAD WEST WINTER HAVEN FL 33884 Zip Code 3385/ 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. Charles S Smith 3-27-01 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (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 ☐ Delete TITLE NAME NAME SMITH, CHARLES S 4709 CRUMP Rd, UNITZ STREET ADDRESS STREET ADDRESS 3000 EXECUTIVE ROAD WEST LAKE HAMIHOW, FL 33851 CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 TITLE ☐ Delete NAME NAME SMITH, BLAINE 4709 CRUMP Rd, UNITZ STREET ADDRESS STREET ADDRESS 3000 EXECUTIVE ROAD WEST LAKE HAMILTON, FL 33851 CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 Change TITLE ☐ Addition ☐ Delete TITLE STD 4709 CRUMP Rd, UNITZ NAME NĂME SMITH, DEE STREET ADDRESS STREET ADDRESS 3000 EXECUTIVE ROAD WEST LAKE HAMILTON, FL 33851 CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Addition TITI F ☐ Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Smith MALL SMITH DEE SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR