FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

appears in Block 12 of

SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

May 30 1997 8:00am

Secretary of State

(96/6)

2E034

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600094169 (5)

TED'S CONTRACT SHELVING, INC. Principal Place of Business Mailing Address 934 SHETTER AVENUE 834 SHETTER AVENUE JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250-4350 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59** • Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zm Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not A 82 TALLAHASSEE FL 32301-2525 83 Ackswille 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 optionism sof, Section 502.0505, Florida Statutes.

SIGNATURE orne of registered agent and title if pulical OFFICERS AND DIRECTORS (NOTE: Registering Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13 ☐ DELETE Change Addition 1.1 TITLE TRU CREERY, WILLIAM D NAME 1.2 NAME 934 SHETTER AVENUE STREET ACORESS 1.3 STREET ADDRESS JACKSONVILLE BEACH FL 32250 1.4 City-St-ZiP Official Strate Change DELETE Addition 2.1 111LE THE 2.2 NAME NAME STREET AUDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST 2H DELETE Change Addition THILE 3.1111115 DAME 3 2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CHY-SE-7P 3 4. CITY - ST - ZIP DELETE Change Addition 7017 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition THE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP City ST 709 DELETE 6.1 TITLE Change Addition 11:11 62 NAME NAME STREET AS DRESS **63 STREET ADDRESS** OUT STOR 6.4 CITY-ST-ZIP

14. If do 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 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 ceive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name