## 2003 FOR PROFIT CORPORATION

	103 FOR PROFIT			)		page	los	
DOCUMENT # P9800006881  1. Entity Name CHAD SUPPLY, INC.			,		FILED  O3 JAN 21 AN ID:	33		
•	e of Business NANGE AVENUE #200 32801	Mailing Address 20 NORTH ORANGE AVENI ORLANDO FL 32901	UE #200		SECRETARY OF STAT	E		
2. Principal Place of Business 3. Mai		3. Mailing Address			1 (0011081 118 10181 1011)	IBIRE MDAIN DAINT SALBI A	BIBI IRAY IRAK	
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	ite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	Jity & State		4. FEI Number 59-3487936	<b>⊢</b>	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current Re	gistered Agent			7. Name and Address of New Registe	red Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC.				Name  Street Address (P.O. Box Number is Not Acceptable)				
1201 HAY	S STREET SSEE FL 32301							
THEE WITH	70LL 1 L 02001		City			FL Zip Code	9	
	named entity submits this statement for thions of registered agent.	ne purpose of changing its r	registered office or	registere	ed agent, or both, in the State of Florida. I	am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signate	ure required y	when reinstating)	ATE	<del></del>	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of S		•		9. Election Campaign Financing Trust Fund Contribution.	_ +	May Be to Fees	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, DAVID H 20 NORTH ORANGE AVENUE #200 ORLANDO FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	
TITLE NAME STREET ADORESS CITY-ST-ZIP	DP MORGAN, THOMAS 20 NORTH ORANGE AVENUE #200 ORLANDO FL 32801	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	DT ZEPF, J S 20 NORTH ORANGE AVENUE #200 ORLANDO FL 32801	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		900010380	□ Change 吕39	☐ Addition	
ITLE NAME Street address City-St-Zip	S BUTTERFIELD, BENJAMIN P 20 N ORANGE AVE SUITE 200 ORLANDO FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT CLARK, JAY 20 N ORANGE AVE SUITE 200 ORLANDO FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		18	☐ Change	Addition	
TTLE IAME		☐ Delete	TITLE NAME	AS Mar	KD.Scimca	☐ Change	Addition	

STREET ADDRESS CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered **Senjamin P. Butterfield**SIGNATURE:

**SIGNATURE:** 

Paperofi



ACCOUNT NO. : 072100000032

REFERENCE

9318 71076

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE: January 20, 2003

ORDER TIME : 2:45 PM

ORDER NO. : 899318- 20

CUSTOMER NO: 7107686

CUSTOMER: Laurie Bergstresser, Paralegal

Hughes Supply, Inc.

Suite 200

20 North Orange Avenue Orlando, FL 32801

## ANNUAL REPORT FILING

Chad

NAME:

HIJEHES SUPPLY INC.

XX ANNUAL REPORT	(V VOAB	8	で同り
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	101	77	

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS:

OJ 30 KOISIAIG