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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 PM 3:40

DOCUMENT # S74889 (4)

1. Corporation Name
EXTERIOR SUPPLY OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
2670 ROSSELLE STR UNIT 6 JACKSONVILLE FL 32204 US	2460 HWY 72 221 EAST GREENWOOD SL 29649 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/19/1991	3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-3060403	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28: SC
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FOLWELL, BOBBIE J.
2279 IRONSTONE DR E
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: MICHAEL L. EMILY
82 Street Address (P.O. Box Number is Not Acceptable): 7815 MULHALL DRIVE
83
84 City: JACKSONVILLE FL 85 Zip Code: 32216

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Michael L. Emily — MICHAEL L. EMILY, PRESIDENT — 1-13-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name listed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	EMILY, MICHAEL L.	1.2 NAME	
STREET ADDRESS	120 B ROCK CHURCH RD	1.3 STREET ADDRESS	2460 HWY 72/221 EAST
CITY-ST-ZIP	GREENWOOD SC	1.4 CITY-ST-ZIP	GREENWOOD SC 29649
TITLE	V	2.1 TITLE	☑ Change ☐ Addition
NAME	FOLWELL, BOBBIE J.	2.2 NAME	
STREET ADDRESS	2279 IRONSTONE DR E	2.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	HENDRICK, THOMAS N.	3.2 NAME	
STREET ADDRESS	504 S CAMBRIDGE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NINETY-SIX SC	3.4 CITY-ST-ZIP	29666
TITLE	S/T	4.1 TITLE	☐ Change ☑ Addition
NAME	MICHELE E. HENDRICK	4.2 NAME	
STREET ADDRESS	504 S CAMBRIDGE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NINETY SIX, SC 29666	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas N. Hendrick — THOMAS N. HENDRICK — 1-13-95 — 803-223-4929
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0478298 FP