

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

**FILED**

**Jan 23 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # S74889 (4)**

**1. Corporation Name EXTERIOR SUPPLY OF JACKSONVILLE, INC.**



**Principal Place of Business**  
2670 ROSSELLE STR  
UNIT 6  
JACKSONVILLE FL 32204  
US

**Mailing Address**  
2460 HWY 72 221 EAST  
GREENWOOD SC 29649-9722  
US

**3. Date Incorporated or Qualified** 08/19/1991  
**3a. Date of Last Report** 03/01/1996

**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**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

**25** County

**26** Mailing Address

**27** Suite, Apt. #, etc.

**28** City & State

**29** Zip

**30** Country

**9. Name and Address of Current Registered Agent**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**85** Zip Code

**10. Name and Address of New Registered Agent**

**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** (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMILY, MICHAEL L.	1.2 NAME	
STREET ADDRESS	2460 HWY 72/221 EAST	1.3 STREET ADDRESS	
CITY- ST- ZIP	GREENWOOD SC	1.4 CITY- ST- ZIP	
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICK, MICHEL E.	2.2 NAME	HENDRICK, MICHELE E.
STREET ADDRESS	504 S. CAMBRIDGE ST.	2.3 STREET ADDRESS	(SPELLING CORRECTION)
CITY- ST- ZIP	NINETY SIX SC	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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  
DATE: 1-08-97 864-223-4729

CR2E034 (9/96)