

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V66771 (9)

1. Corporation Name

SUNBELT SCAFFOLDING & SUPPLY, INC.



Principal Place of Business

3071 N. ORANGE BLOSSOM TRAIL  
SUITE N  
ORLANDO FL 32804  
US

Mailing Address

3071 N. ORANGE BLOSSOM TRAIL  
SUITE N  
ORLANDO FL 32804  
US

3. Date Incorporated or Qualified  
09/23/1992

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3147486

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

9. Name and Address of Current Registered Agent

RICHARDSON, JOHN W  
826 OAKDALE ST  
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81

Name

RICHARDSON JOHN W

82

Street Address (P.O. Box Number is Not Acceptable)

3071 N. ORANGE BLOSSOM TRAIL

83

SUITE N

84

City

ORLANDO

FL

85 Zip Code

32804

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

John W. Richardson

PRESIDENT

6/5/96

12. OFFICERS AND DIRECTORS

TITLE

D

RICHARDSON, JOHN W  
19 MAIN ST  
WINDERMERE FL

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

V

RICHARDSON, JEFFREY  
1705-D VILLAGE BROOK DR  
CHARLOTTE NC

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

S

RICHARDSON, JEANIE  
5091 EDINBORO LN  
WILMINGTON NC

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

D

RICHARDSON, JOHN W

☒ Change

☐ Addition

2. NAME

RICHARDSON, JOHN W

3. STREET ADDRESS

3071 N. ORANGE BLOSSOM TRAIL

4. CITY - ST - ZIP

ORLANDO FL 32804

5. TITLE

V

RICHARDSON JEFFREY

☒ Change

☐ Addition

6. NAME

RICHARDSON JEFFREY

7. STREET ADDRESS

14805 FOREST MIST WAY

8. CITY - ST - ZIP

CHARLOTTE, NC 28273

9. TITLE

☐ Change

☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

☐ Change

☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

☐ Change

☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

☐ Change

☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

29. TITLE

☐ Change

☐ Addition

30. NAME

31. STREET ADDRESS

32. 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)(k), 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 an attachment with an address.

SIGNATURE:

John W. Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/96

Date

407-299-2585

Daytime Phone

CR2E034 (12/95)