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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90152 044 ***150.00

1. Corporatio	MENT # P06091 T SUPPLY, INC.							
Principal Place of Business Mailing Address							iii 01911 41011 610	I DIALI DIDIL 1881
P.O. BOX 50485 P.O. BOX 50485								
NASHVILLE TN 37205 NASHVILLE TN 37205						0.0 MOT MIDITE IN T	"0 0040F	
						DO NOT WRITE IN TH	IIS SPACE	
					ĺ	3. Date Incorporated or Qualifed		
2 Principal P	lace of Business	2a. Mailing Address			-	05/17/1985 4. FEI Number		Applied For
21	lade of Business	26				62-1233160		lot Applicable
	ite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional
22 27						5. Certifcate of Status Desired	Fee F	Required
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28		_		Trust Fund Contribution	Added	to Fees
Zip	·	Country Zip Co		ry		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registere	Yes	□No
	9. Name and Address of Currer	n Registered Agent		1 Name	e	IV. Haire and Address of the Tregister	ou nyem	
CT (CORPORATION SYSTEM		L					
1200 S. PINE ISLAND ROAD			8	32 Stree	et Addres	s (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			8	13				
								0-1-
			18	4 City		F	L 85 Zip	Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	authorized b	y the corp	ed corpora rporation'	ation submits this statement for the purpose s board of directors. I hereby accept the app	of changing it pointment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registered ager		E: Registered A	gent signature	re required w			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT Change	
TITLE	MARCH LAW/DENCE T	☐ DELETÉ	1.1 TITLE					
NAME	WIECK, LAWRENCE T.		1.2 NAM					
STREET ADDRESS	411 SUNNYSIDE DR NASHVILLE TN 37205			1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	ST	□ DELETE	2.1 TITLE				Change	Addition
NAME	HOWSER, HUGH C. JR.			2.2 NAME			_	1
STREET ADORESS	511 UNION ST 25 FL		2.3 STRE	ET ADDRESS	is l	·		į.
CITY-ST-ZIP	NASHVILLE TN		2. 4 CITY		1			
TITLE		☐ DELETE	3.1 TITLE	_			Change	☐ Addition
NAME			32 NAM	E				
STREET ADDRESS			3.3 STRE	ET ADDRESS	ss			
CITY-ST-ZIP			3.4. CITY	-st-zip		, all and the second se		
TITLE		☐ DELETE	4.1 TITLE	į			☐ Change	Addition
NAME			4. 2 NAM					İ
STREET ADDRESS				ET ADDRESS	is			
CITY-ST-ZIP	···· · · · · · · · · · · · · · · · · ·		4.4 CITY-				Change	Addition
NAME		T. OFFE IE	5.1 IIILE					
				ET ADORESS	is			}
STREET ADDRESS			54 CITY-					}
TITLE		☐ DELETE	6.1 TITLE		1		· Change	☐ Addition
NAME			6.2 NAME	E				
STREET ADDRESS			6.3 STRE	ET ADDRESS	s			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				

14. 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 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 one attachment with an address, with all other like or powered.

SIGNATURE:

LIS 385 2101