

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 11:11
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000008176 (7)

1. Corporation Name

SUPERVISOR, INC.

Principal Place of Business

**2641 N ANDREWS AVE
FT LAUDERDALE FL 33311**

Mailing Address

**2641 N ANDREWS AVE
FT LAUDERDALE FL 33311**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/02/1994

3a. Date of Last Report

4. FEI Number

65-0487809

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 688 W. 27th Street

2a. Mailing Address

Suite, Apt. #, etc.

22

City & State

Hialeah FL

City & State

23

Zip

33010

Country

USA

24

Zip

30

Country

9. Name and Address of Current Registered Agent

**KERSHAW, JAMES L
2641 N ANDREWS AVE
FT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81

Name

Campana, Alfred

82

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

688 W. 27th St.

83

84

City

Hialeah

FL

85

Zip Code

33010

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when rotating)

4-25-95

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

KERSHAW, JAMES L

STREET ADDRESS

2641 N ANDREWS AVE

CITY - ST - ZIP

FT LAUDERDALE FL 33311

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFRED R. CAMPANA

4-25-95

DATE

305-887-4426

PHONE NUMBER