

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 PM 11:36

DOCUMENT # S48807 (9)

1. Corporation Name

PREMIER SUPPLY COMPANY OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

**5585 ANDERSON RD
TAMPA FL 33614
US**

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TAMPA FL 33614
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/30/1991

3a. Date of Last Report

03/18/1994

4. FEI Number

59-3063012

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 5410 C Pioneer Park Blvd
Suite, Apt. #, etc.**

**26 5410 C Pioneer Park Blvd
Suite, Apt. #, etc.**

22
City & State

27
City & State

23 Tampa Florida

28 Tampa Florida

24 33634 Country

29 33634 Country

25 Hillsborough

30 Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONTE, DAVID ALLEN
16248 SAGEBRUSH ROAD
TAMPA FL 33618**

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **CONTE, DAVID ALLEN**
STREET ADDRESS **16248 SAGEBRUSH RD.**
CITY - ST - ZIP **TAMPA FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **D**
NAME **MASSARO, RICHARD ANTON**
STREET ADDRESS **9508 W FLORA ST.**
CITY - ST - ZIP **TAMPA FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **D**
NAME **VAN HERSHBERGER, PETER**
STREET ADDRESS **3501 61ST ST. NORTH**
CITY - ST - ZIP **ST. PETERSBURG FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(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 on an attachment with an address.

SIGNATURE: Richard A. Massaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/95 **813-889-7799**
Date Daytime Phone #