

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S57683** (2)

1. Corporation Name:
3-4-7 SUPPLY COMPANY, INC.



Principal Place of Business

**4447 BEACON DR.
JACKSONVILLE FL 32225
US**

Mailing Address

**PO BOX 8801
JACKSONVILLE FL 32239
US**

2. Principal Place of Business		2a. Mailing Address	
21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country

3. Date Incorporated or Qualified 06/03/1991	3a. Date of Last Report 03/28/1995
4. FE Number 59-3067802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**METLIKA, ROBERT
4447 BEACON DR
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent

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

FL

11. Pursuant to the provisions of Sections 607.0507 and 607.1503, 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 607.1505, Florida Statutes.

SIGNATURE

Signature and typed or printed name of signing officer or director

Signature and typed or printed name of signing officer or director

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.1 NAME	DP METLIKA, ROBERT	13.1 NAME	
12.2 STREET ADDRESS	4447 BEACON DR	13.2 STREET ADDRESS	
12.3 CITY-STATE-ZIP	JACKSONVILLE FL	13.3 CITY-STATE-ZIP	
12.4 TITLE		13.4 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME		13.5 NAME	
12.6 STREET ADDRESS		13.6 STREET ADDRESS	
12.7 CITY-STATE-ZIP		13.7 CITY-STATE-ZIP	
12.8 TITLE		13.8 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME		13.9 NAME	
12.10 STREET ADDRESS		13.10 STREET ADDRESS	
12.11 CITY-STATE-ZIP		13.11 CITY-STATE-ZIP	
12.12 TITLE		13.12 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME		13.13 NAME	
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY-STATE-ZIP		13.15 CITY-STATE-ZIP	
12.16 TITLE		13.16 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME		13.17 NAME	
12.18 STREET ADDRESS		13.18 STREET ADDRESS	
12.19 CITY-STATE-ZIP		13.19 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(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. 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: *[Signature]* **R. H. METLIKA, PRES** **4/27/96** **904 642 5331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)