

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000102163

**Entity Name:** SUPPLY DEPOT, INC.**Current Principal Place of Business:**6700 NORTH ANDREWS AVENUE  
SUITE 400  
FORT LAUDERDALE, FL 33309**Current Mailing Address:**6700 NORTH ANDREWS AVENUE  
SUITE 400  
FORT LAUDERDALE, FL 33309**FEI Number:** 22-3555245**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title ASST. SECRETARY, DIRECTOR,  
EXECUTIVE VICE PRESIDENT  
Name WEISS, BARRY A  
Address 6700 NORTH ANDREWS AVENUE  
SUITE 400  
City-State-Zip: FORT LAUDERDALE FL 33309

Title CEO, TREASURER, DIRECTOR  
Name HAMMOND, DAVID B  
Address 6700 NORTH ANDREWS AVENUE  
SUITE 400  
City-State-Zip: FORT LAUDERDALE FL 33309

Title CHAIRMAN, DIRECTOR, SECRETARY  
Name HAMMOND, P GEOFFREY  
Address 6700 NORTH ANDREWS AVENUE  
SUITE 400  
City-State-Zip: FORT LAUDERDALE FL 33309

Title EXECUTIVE VICE PRESIDENT  
Name BROOKE, DAN  
Address 6700 NORTH ANDREWS AVENUE  
SUITE 400  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR, PRESIDENT  
Name HAMMOND, JAYNE P.  
Address 6700 NORTH ANDREWS AVENUE  
SUITE 400  
City-State-Zip: FORT LAUDERDALE FL 33309

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARRY A. WEISS**ASSISTANT SECRETARY** 01/08/2018\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date