

2017 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: APPLIED FOR****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 EXECUTIVE VICE PRESIDENT
Name BROOKE, DAN
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 DIRECTOR, PRESIDENT
Name HAMMOND, JAYNE
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

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: P. GEOFFREY HAMMOND**SECRETARY****04/18/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date