

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000079052

Entity Name: ABILITY SUPPLY, INC.**Current Principal Place of Business:**511 GOLDKIST BLVD, SW
LIVE OAK, FL 32064**Current Mailing Address:**511 GOLDKIST BLVD, SW
LIVE OAK, FL 32064 US**FEI Number:** 46-3800902**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ABILITY SUPPLY, INC.
511 GOLDKIST BLVD, SW
LIVE OAK, FL 32064 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:** BEVERLY STANDRIDGE

02/07/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ADAMS, CLIFF
Address 1234 US HIGHWAY 129 NW
City-State-Zip: JASPER FL 32052

Title SD
Name WILLIAMS, GLENDA
Address 220 PINE AVENUE SW
City-State-Zip: LIVE OAK FL 32064

Title TD
Name LEE, CAREY
Address POST OFFICE BOX 873
City-State-Zip: LIVE OAK FL 32064

Title D
Name POOLE, RONNIE
Address 127 EAST HOWARD STREET
City-State-Zip: LIVE OAK FL 32064

Title VP
Name LAKE, BOBBIE
Address 934 PINEVIEW CIRCLE
City-State-Zip: LIVE OAK FL 32064

Title PRESIDENT
Name STANDRIDGE, BEVERLY
Address 511 GOLDKIST BLVD, SW
City-State-Zip: LIVE OAK FL 32064

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: BEVERLY STANDRIDGE

PRESIDENT

02/07/2018

Electronic Signature of Signing Officer/Director Detail

Date