

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000043349

**Entity Name:** GMRI RESUPPLY WAREHOUSE COMPANY

**Current Principal Place of Business:**

1000 DARDEN CENTER DRIVE  
ORLANDO, FL 32837

**Current Mailing Address:**

P.O. BOX 695019  
CORPORATE TAX DEPT  
ORLANDO, FL 32869

**FEI Number:** 59-3450558

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS RD., SUITE 221E  
PALM BEACH GARDENS, FL 33410 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 PD  
Name MILANES, DOUGLAS J  
Address 1000 DARDEN CENTER DRIVE  
City-State-Zip: ORLANDO FL 32837

Title T  
Name SIMMONS, ANGELA M  
Address 1000 DARDEN CENTER DRIVE  
City-State-Zip: ORLANDO FL 32837

Title ASST. TREASURER  
Name BLAKEMAN, TRUDY L  
Address 1000 DARDEN CENTER DRIVE  
City-State-Zip: ORLANDO FL 32837

Title VP, SECRETARY  
Name LANGE, JESSICA P  
Address 1000 DARDEN CENTER DRIVE  
City-State-Zip: ORLANDO FL 32837

*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:** ANGELA M. SIMMONS

**TREASURER**

**04/03/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date