

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 144338 (1)
1. Corporation Name
COUNTS SUPPLY COMPANY



Principal Place of Business
**581 FOOTE COURT
BOX 631
DAYTONA BEACH FL 32114-4207**

Mailing Address
**581 FOOTE COURT
BOX 631
DAYTONA BEACH FL 32114-4207**

3. Date Incorporated or Qualified 07/18/1945	3a. Date of Last Report 01/18/1995
4. FET Number 59-0537968	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under s. 190.032, Florida Statutes. ☒ Yes ☐ No	

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

**OWEN, NANCY C.
581 FOOTE COURT
DAYTONA BEACH FL 32014**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0702 and 607.1506, 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 607.0905, Florida Statutes.

SIGNATURE

I, the undersigned, being the duly authorized officer or director of the corporation, do hereby sign this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

I, the undersigned, being the duly authorized officer or director of the corporation, do hereby sign this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	V	☐ DELETE
2. NAME	FANNING, MICHAEL O	
3. STREET ADDRESS	914 PONDEROSA DRIVE	
4. CITY-STATE-ZIP	SOUTH DAYTONA, FL 00000	
5. TITLE	SD	☒ DELETE
6. NAME	COUNTS, HELEN B	
7. STREET ADDRESS	2730 SOUTH ATLANTIC AVE	
8. CITY-STATE-ZIP	DAYTONA BEACH, FL 00000	
9. TITLE	PD	☐ DELETE
10. NAME	OWEN, NANCY	
11. STREET ADDRESS	3208 LA PALOMA AVE	
12. CITY-STATE-ZIP	DAYTONA BEACH, FL 00000	
13. TITLE	AVD	☐ DELETE
14. NAME	FANNING, MARY LOU	
15. STREET ADDRESS	914 PONDEROSA DRIVE	
16. CITY-STATE-ZIP	SOUTH DAYTONA, FL 00000	
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		
21. TITLE		☐ DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☒ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

PDS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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 in Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE: *Nancy C. Owen* **NANCY C. OWEN** *1/17/96* **904/252-3643**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)