

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 181966 (3)
1. Corporation Name
SOUTHERN SUPPLY AND MANUFACTURING CO INC



Principal Place of Business

1501 22ND STREET N.
P.O. BOX 10066
ST PETERSBURG FL 33713

Mailing Address

1501 22ND STREET N.
P.O. BOX 10066
ST PETERSBURG FL 33713

3. Date Incorporated or Qualified 12/06/1954	3a. Date of Last Report 02/06/1995
4. FEI Number 59-0725291	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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country	26. P.O. Box 10066 27. St. PETERSBURG FL 28. 33733 29. 30.
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9. Name and Address of Current Registered Agent

O'BRIEN, R. B., JR.
2720 DRIFTWOOD RD SO
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code FL
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11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person submitting this statement for filing

Signature of the person submitting this statement for filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. NAME SD O'BRIEN, HELEN G 2700 DRIFTWOOD RD SO ST PETERSBURG, FL 00000 PD O'BRIEN, R.B., JR. 2720 DRIFTWOOD RD. ST. PETERSBURG FL	☐ DELETE	13. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-STATE-ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-STATE-ZIP 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-STATE-ZIP 17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-STATE-ZIP	☐ Change ☐ Addition
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14. I 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 attachment with an address.

SIGNATURE:

R.B.O. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. B. O' BRIEN JR. 1/16/96

DATE

(513)
323 7099
DATE OF FILING

CR2E034 (12/95)