FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

	1998	DIVISION OF CO	ORPORATIONS		my of State
	MENT # 181966 NAME 181966 NERN SUPPLY AND MANUF	\			
Principal Plac	e of Business	Mailing Address			III SEEN OLON SIDN SIDN BION BABA ISBN 1881
1501 22ND STREET N. POST OFFICE BOX 10066					
P.O. BOX 10066 ST PETERSBURG FL 33713		ST. PETERSBURG FL 33733 US		DO NOT WRITE	E IN THIS SPACE
		•		3. Date Incorporated or Qualified 12/06/1954	
		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-0725291	Not Applicable \$8.75 Additional
h		27		5. Certificate of Status Desired Fee Required	
City & State	е	City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25		30	This corporation owes or has personal Property Tax due June	—
	g. Name and Address of Curren			10. Name and Address of New Ro	
	BRIEN, R. B., JR.		81 Name		
2720 DRIFTWOOD RD SO ST PETERSBURG FL 33705			82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)
			83		
			84 City		FL 85 Zip Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida, Such change was au	thorized by the corporati	oration submits this statement for the ion's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	of and the if applicable (NOTE:	Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS ANI		13.	_ ADDITIONS/CHANGES TO OFFI	
TITLE	SO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, HELEN G		1.2 NAME		
STREET ADORESS	2700 DRIFTWOOD RD SO ST PETERSBURG, FL 00000		1.3 STREET ADDRESS		
CITY-ST-ZIP	PD PD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	O'BRIEN, R.B., JR.		2.2 NAME		C shangs C visanism
STREET ADDRESS	2720 DRIFTWOOD RD.		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP	1		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		_	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		—	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY OF TIP			6 A CITY OT 7ID		

14. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CIONATURE.

Ph 0-

DR N'Berry To

Para 1/1

116/98 612 227 075

FILED

Jan 26 1998 8:00am

Secretary of State