

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90109 006 ***150.00

DOCUMENT # 181966

1. Entity Name
SOUTHERN SUPPLY AND MANUFACTURING CO INC



Principal Place of Business

**1501 22ND STREET N.
P.O. BOX 10066
ST PETERSBURG FLA, 33713**

Mailing Address

**POST OFFICE BOX 10066
ST. PETERSBURG, FL 33733 US**



06082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0725291

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE SD
NAME O'BRIEN, HELEN G
STREET ADDRESS 2700 DRIFTWOOD RD SO
CITY-ST-ZIP ST PETERSBURG, FL 00000.

TITLE PD
NAME O'BRIEN, R. B JR
STREET ADDRESS 2720 DRIFTWOOD RD.
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE ST
NAME BERNER, CANDACE
STREET ADDRESS 2720 DRIFTWOOD RD S
CITY-ST-ZIP SAINT PETERSBURG, FL 33705

TITLE —
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-07

Date

727-327-0757

Daytime Phone #