FILED Feb 19, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

	1999	DIVISION OF (	CORPORATIONS	02-19-1999 90143	011 ***150.0	00
1. Corporation	MENT # 374573 on Name OTIVE SUPPLY STORES,			<u> </u>		
Principal Plac	ce of Business	Mailing Address			HI DIBIL BIDIL DIBIL BI	ON ONE HOLD
3200 62ND AV		3200 62ND AVENUE NORTH	4			
ST. PETERSBU		ST. PETERSBURG FL 33702	2			
				DO NOT WRITE IN TI  3. Date Incorporated or Qualifed	HIS SPACE	<del></del>
				12/30/1970		
Principal Place of Business     2a. Mailing Address			····	4. FEI Number	App	lied For
21		26		59-1311261	Not	Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22		27		<b>3.</b> Columbia of Calcar Doom of	Fee Rec	·
City & Sta	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip	Country	28     Zip	Country	This corporation owes the current year		rees
24	25		30	Personal Property Tax.		□No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Register	ed Agent	
ети	II DONALO C		81 Name			
Stull, ronald s 1124 44th Ave. No. St. Petersburg Fl 33703			82 Street Add	dress (P.O. Box Number is Not Acceptable)		-
			83	82		<u> </u>
•	, _ , _ , _ , _ , _ , _ , _ , _ , _ , _		83			
			84 City		85 Zip Ci	ode
office or agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was at	uthorized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its r pointment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Agent signature requir	red when reinstating) DATE		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PTD   Stull, ronald s	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	AAGA AATIL AVE NO		1.2 NAME			
STREET ADDRESS	ST. PETERSBURG FL 33703		1.3 STREET ADDRESS			
TITLE	SD SD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	·	☐ Change	Addition
NAME	STULL, ROGER W	<u> </u>	2.2 NAME			-
STREET ADDRESS	ATTE ANTIL TERRACE NE		2.3 STREET ADDRESS	المعلوات والمعلواتين		
CITY-ST-ZIP	ST. PETERSBURG FL 33703		2. 4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	STULL, RODNEY B		3.2 NAME			
STREET ADDRESS	1		3.3 STREET ADDRESS	,		
CITY-ST-ZIP	TRENTON FL 32693		3.4. CITY-ST-ZIP		F7.05	
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME		.,	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.† TITLE		☐ Change	Addition
NAME			6.2 NAME			
	4		6.3 STREET ADDRESS			

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ROVADS 5 STUL

2/3/59 Date \$ 525-212

CR2E034 (11