

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 526774 (5)

1. Corporation Name

NATIONAL SUPPLY INC.



Principal Place of Business

Mailing Address

18721 S.W. 104 AVE. (MIAMI, FL 33157)  
P.O. BOX 126  
POMPANO BEACH FL 33061

P.O. BOX 126  
P.O. BOX 126  
POMPANO BEACH FL 33061  
US

3. Date Incorporated or Qualified  
02/28/1977

3a. Date of Last Report  
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 18721 SW 104 Ave

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

MIAMI FL

City & State

24 Zip 33157

Country

29 Zip

Country

25 WA

29 Zip

30

4. FEI Number

59-1725673

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLARD, WARNE R., III  
18721 S.W. 104 AVE.  
MIAMI FL 33157

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME MILLARD, WARNE R., JR.

1.2 NAME

STREET ADDRESS 18721 S.W. 104 AVE.

1.3 STREET ADDRESS

CITY - ST - ZIP MIAMI FL

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME MILLARD, WARNE R., III

2.2 NAME

STREET ADDRESS 18721 S.W. 104 AVE.

2.3 STREET ADDRESS

CITY - ST - ZIP MIAMI FL

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME MILLARD, JULIA T.

3.2 NAME

STREET ADDRESS 18721 S.W. 104TH AVE.

3.3 STREET ADDRESS

CITY - ST - ZIP MIAMI FL

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME FOX, KARINE

4.2 NAME

STREET ADDRESS 18721 S.W. 104TH AVE.

4.3 STREET ADDRESS

CITY - ST - ZIP MIAMI FL

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

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP

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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SECTION 4/25/96 305-238-1592

CR2E034 (12/95)