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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

18721 SW 104 AVE
P.O. BOX 126
MIAMI FL 33157
US

Mailing Address

P.O. BOX 126
P.O. BOX 126
POMPANO BEACH FL 33061-0126
US

3. Date Incorporated or Qualified
02/28/1977

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

10. Name and Address of New Registered Agent

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 type: For printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MILLARD, WARNE R., JR.	
STREET ADDRESS	18721 S.W. 104 AVE.	
CITY- ST- ZIP	MIAMI FL	
TITLE	STDC	☐ DELETE
NAME	MILLARD, WARNE R., III	
STREET ADDRESS	18721 S.W. 104 AVE.	
CITY- ST- ZIP	MIAMI FL	
TITLE	V	☐ DELETE
NAME	MILLARD, JULIA T.	
STREET ADDRESS	18721 S.W. 104TH AVE.	
CITY- ST- ZIP	MIAMI FL	
TITLE	V	☐ DELETE
NAME	FOX, KARINE	
STREET ADDRESS	18721 S.W. 104TH AVE.	
CITY- ST- ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do 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 or Block 14, or on an attachment with an address.

SIGNATURE:

WARNE R. MILLARD III

02-25-97

(954) 942-6259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (9/96)