

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

FILED

Feb 10 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **616472** (7)

1. Corporation Name
SERVICE INDUSTRIAL SUPPLY COMPANY, INC.



| | |
|--|---|
| Principal Place of Business 4252 WESTROADS DR P.O. BOX 3126 WEST PALM BEACH FL 33402 | Mailing Address 4252 WESTROADS DR P.O. BOX 3126 WEST PALM BEACH FL 33402-3126 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/05/1979 | 3a. Date of Last Report 04/23/1996 |
|--|--|

| | | | | | |
|---|--|--|---|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number 59-1900683 Applied For <input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|--|---|---|--|

9. Name and Address of Current Registered Agent

**CARPENTER, CHARLES V.
4252 WESTROADS DR
WEST PALM BEACH FL 33402**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | CARPENTER, CHARLES | |
| STREET ADDRESS | 4252 WESTROADS DR. | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HAYDEN, DONALD C. | |
| STREET ADDRESS | 4252 WESTROADS DR. | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | BARRIE, R. H. | |
| STREET ADDRESS | 4252 WESTROADS DR. | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | SCHERER, D.A. | |
| STREET ADDRESS | 3420 NE SUGARHILL AVE | |
| CITY-ST-ZIP | JENSEN BEACH FL | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | RICE, HOWARD | |
| STREET ADDRESS | 15645 COLLINS AVE | |
| CITY-ST-ZIP | N. MIAMI BCH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | AS |
| 5.3 STREET ADDRESS | Rice, Howard |
| 5.4 CITY-ST-ZIP | 4605 South Ocean Blvd. Unit 7D |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)