

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 660492

(0)

1. Corporation Name

P & S SUPPLY CO., INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:12

Principal Place of Business

70 N. WHITE STREET
ORMOND BCH FL 32174-4523

Mailing Address

70 N. WHITE STREET
ORMOND BCH FL 32174-4523

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/01/1980

3a. Date of Last Report

02/23/1994

4. FEI Number

59-1995523

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. 109.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc

State, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUROWITZ, STEPHEN DAVID-P.
70 N. WHITE STREET
ORMOND BEACH FL 32174

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 of Agent or person named as registered agent and the applicable

DATE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	SUROWITZ, STEPHEN DAVID
STREET ADDRESS	70 N. WHITE ST
CITY, ST, ZIP	ORMOND BEACH FL
TITLE	VSD
NAME	SUROWITZ, DOROTHY A.
STREET ADDRESS	70 N. WHITE ST.
CITY, ST, ZIP	ORMOND BEACH FL
TITLE	T
NAME	ARELIA S. SUROWITZ
STREET ADDRESS	70 NORTH WHITE STREET
CITY, ST, ZIP	ORMOND BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I 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)(b), 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 this corporation or the secretary 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 (as appropriate), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND DATED ON PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3-10-95 904-672-3321

DATE

(Signature Printed)