

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 660492 (0)
1. Corporation Name
P & S SUPPLY CO., INC.



Principal Place of Business
**70 N. WHITE STREET
ORMOND BCH FL 32174-4523**

Mailing Address
**70 N. WHITE STREET
ORMOND BCH FL 32174-4523**

3. Date Incorporated or Qualified **04/01/1980** 3a. Date of Last Report **03/14/1995**

2. Principal Place of Business
21 **75 N. Thompson Creek Rd.**
Suite, Apt. #, etc.
22 City & State
Ormond Beach FL
Zip Country
24 **32174** 25 **USA**

2a. Mailing Address
26 **75 N. Thompson Creek Rd.**
Suite, Apt. #, etc.
27 City & State
Ormond Beach FL
Zip Country
29 **32174** 30 **USA**

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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
75 N. Thompson Creek Rd.
83
84 City **Ormond Beach** FL 85 Zip Code **32174**

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	PCD	<input type="checkbox"/> DELETE
NAME	SUROWITZ, STEPHEN DAVID	
STREET ADDRESS	70 N. WHITE ST	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VSD T	<input type="checkbox"/> DELETE
NAME	SUROWITZ, DOROTHY A.	
STREET ADDRESS	70 N. WHITE ST.	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ARELIA S. SUROWITZ	
STREET ADDRESS	70 NORTH WHITE STREET	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	75 N. Thompson Creek Rd.
1.4 CITY-ST-ZIP	Ormond Beach FL 32174
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	75 N. Thompson Creek Rd.
2.4 CITY-ST-ZIP	Ormond Beach, FL 32174
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	75 N. Thompson Creek Rd.
3.4 CITY-ST-ZIP	Ormond Beach FL 32174
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Stephen D. Surowitz*, Reg. Agent 4-23-96 904-672-3351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)