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 # **837020** **(7)**

1. Corporation Name

STATE SUPPLY CO., INC. OF FLUSHING

Principal Place of Business

1849 7TH AVE. NORTH
LAKE WORTH FL 33461

Mailing Address

1849 7TH AVE. NORTH
LAKE WORTH FL 33461

3. Date Incorporated or Qualified: **09/14/1976**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **13-1991864**

☐ 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

2. Principal Place of Business
21
22 Street Address
23 City & State
24 Zip 25 County

2a. Mailing Address
26
27 Street Address
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

WEINER, MEYER
1849 7TH AVE. NORTH
LAKE WORTH FL 33461

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 Section 617.0502 or 617.1905, 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 617.0501, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	WEINER, MEYER	
STREET ADDRESS	868-B WORCESTER LANE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	V	☐ DELETE
NAME	SICKLES, JUDITH R.	
STREET ADDRESS	29 VAILLENCOURT DRIVE	
CITY-ST-ZIP	FRAMINGHAM MA	
TITLE	STD	☐ DELETE
NAME	WEINER, MOLLIE	
STREET ADDRESS	868-B WORCESTER LANE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1 TITLE	☐ Change	☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	☐ Change	☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	☐ Change	☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	☐ Change	☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	☐ Change	☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate and complete. I further certify that the information indicated on this report or supplemental attachment to comply with s. 119.07(3)(i), Florida Statutes, is true and accurate and that, upon submission, it will 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an blank.

SIGNATURE: N. Weiner 4-8-96 588-0008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number