

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90109 045 \*\*\*150.00

DOCUMENT # F57677

1. Corporation Name  
POWERLINE CHEMICAL & JANITOR SUPPLY, INC.

Principal Place of Business  
2205 N.W. 30TH PLACE  
POMPANO BEACH FL 33069  
US

Mailing Address  
2205 N.W. 30 PLACE  
POMPANO BEACH FL 33069  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1981

4. FEI Number

59-2143200

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 owes the current year Intangible

Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUSICK (JAMES E.)  
5401 LEITNER DRIVE WEST  
CORAL SPRINGS FL 33067

81 Name

SAME

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME CUSICK (JAMES E.)  
STREET ADDRESS 5401 LEITNER DR W  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE STD ☒ DELETE  
NAME CUSICK (BARBARA B.)  
STREET ADDRESS 5401 LEITNER DR W  
CITY-ST-ZIP CORAL SPRINGS 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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
1.2 NAME JOHN A. MUTHE  
1.3 STREET ADDRESS 8000 REGENCY PARKWAY SUITE 555  
1.4 CITY-ST-ZIP CARY, NORTH CAROLINA 27511

2.1 TITLE SR. V.P./SECRETARY ☐ Change ☒ Addition  
2.2 NAME MICHAEL E. MCDEVITT  
2.3 STREET ADDRESS 8000 REGENCY PARKWAY SUITE 555  
2.4 CITY-ST-ZIP CARY, NORTH CAROLINA 27511

3.1 TITLE SR. V.P./ASST. SECRETARY ☐ Change ☒ Addition  
3.2 NAME THOMAS C. MORTENSON  
3.3 STREET ADDRESS 8000 REGENCY PARKWAY SUITE 555  
3.4 CITY-ST-ZIP CARY, NORTH CAROLINA 27511

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 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, with all other like empowered.

SIGNATURE:

*Signature Required*  
JAMES E. CUSICK

4/14/99  
Date

954-753-0485  
Daytime Phone #

0166637

CP2EN34-11/98