Feb 23, 1999 8:00 am Secretary of State

FILED

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

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|---|--|--|---|--|
| • | 1999 🤏 | DIVISION OF (| CORPORATIONS | 02-23-1999 90006 014 ***150.00 |
| . Corporation | MENT # F812 A SUPPLY, INC. | 13 | | |
| Principal Place | of Rusiness | Mailing Address | | []\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| • | | 211 CLAUDE BRANDON RE | DOD AN | |
| 211 CLAUDE BRANDON RD POB 40 211 CLAUDE BRANDON RD I ALACHUA FL 32616 ALACHUA FL 32616 | | | 7 100 40 | DO NOT WRITE IN THIS SPACE |
| US | | US | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed |
| | | | | 05/12/1982 |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21 | | 26 | | 59-2265299 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired Fee Required |
| 22 | | City & State | | T es requiso |
| City & State | В | 28 28 28 28 28 28 28 28 28 28 28 28 28 2 | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year Intangible |
| 24 | 25 | 29 | 30 | Personal Property Tax. Yes No |
| | 9. Name and Address of | Current Registered Agent | | 10. Name and Address of New Registered Agent |
| CDIE | EIG OTANIEV M (ID) | | 81 Name | |
| GRIFFIS, STANLEY H. (JR.) 211 CLAUDE BRANDON RD | | | 82 Street A | ddress (P.O. Box Number is Not Acceptable) |
| | CHUA FL 32615 | | 83 | |
| ,,,,,, | 51161111 02010 | | | |
| | | | 84 City | FL 85 Zip Code |
| 11. Pursuant office or r | to the provisions of Sections 6 egistered agent, or both, in the | 07.0502 and 607.1508, Florida Statut State of Florida. Such change was a obligations of, Section 607.0505, Flo | es, the above-named couthorized by the corporation Statutes | corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered |
| agent. i a | m lamiliar with, and accept the | | | |
| | Signature, typed or printed name of regist | | : Registered Agent signature re- | quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. | <u> </u> | RS AND DIRECTORS | 13. | SEC Change Addition |
| TITLE NAME | P Griffis, Stanley H. (Ji | _ | 1.2 NAME | CONSTANCE W. DEAN |
| STREET ADDRESS | 211 CLAUDE BRANDON | | 1.3 STREET ADDRESS | 211 Claude Brandow RD |
| CITY-ST-ZIP | ALACHUA, FL 00000 | no. | 1.4 CITY-ST-ZIP | PLACHUR, F1 32616 . |
| TITLE | ALL CHON, 12 GOOG | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | in the second of |
| CITY-ST-ZIP | | E SCIETE | 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE | | DELETE | 3.1 TITLE | Citalities |
| NAME | | | 3.2 NAME 3.3 STREET ADDRESS | |
| STREET ADDRESS | | | 34 CITY-ST-ZIP | |
| CITY-ST-ZIP TITLE | | DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4, 2 NAME | |
| STREET ADDRESS. | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | Change Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 462 2845

Change

Addition