

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90258 005 ***150.00

0094396

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F86018

1. Corporation Name
BLACKS SUPPLY, INC.

Principal Place of Business
1206 W. PINE ST.
ORLANDO FL 32805

Mailing Address
1206 W. PINE ST.
ORLANDO FL 32805



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/21/1982	
21		26		4. FEI Number 59-2200082	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No	
23		28			
Zip Country		Zip Country			
24		29		30	

9. Name and Address of Current Registered Agent

**BLACK, FRED E.
3324 N WESTMORELAND DR
ORLANDO FL 32805**

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, NICOLE R	1.2 NAME	
STREET ADDRESS	2916 NICHOLAS LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	1.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, CHERYL A.	2.2 NAME	
STREET ADDRESS	3324 N WESTMORELAND DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, LONIE G	3.2 NAME	
STREET ADDRESS	1124 PISGAH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS FL	3.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, SHANE E	4.2 NAME	
STREET ADDRESS	824 N. TRAILWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, JASON	5.2 NAME	
STREET ADDRESS	811 VASSAR ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, THOMAS A.	6.2 NAME	
STREET ADDRESS	1023 S. ALDER AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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 name empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)