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Jun 09, 1999 8:00 am Secretary of State

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Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F98000002427

1. Corporation Name

Principal Place of Business

STANDARD COMPONENTS SUPPLY, INC.

PO BOX 22128 ST PETERSBURG FL 33742-2128		PO BOX 22128 ST PETERSBURG FL 33742-2128				DO NOT W	RITE IN THIS S	PACE	
					3	3. Date Incorporated or Qualife 04/29/1998			
2. Principal Pi	lace of Business	2a. Mailing Address				4, FEI Number			Applied For
21	***************************************	26				<u>59-3056590</u>			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional Required
22		27 City & State				- Ci-ti O-maign Cineagin			
City & State	ė	28			"	<ol><li>Election Campaign Financin Trust Fund Contribution</li></ol>	<sup>ig</sup> □		May Be d to Fees
Zip	Country	Zip	Cou	intry	<u>_</u>	B. This corporation owes the co	urrent vear Intar		
24	25	29	30	•	) `	Personal Property Tax.		∃Yes	□No _
	9. Name and Address of Currer		1001		1(	0. Name and Address of Nev	w Registered A	gent	
				81 N	lame				
KRAUSE, WILLIAM				82 S	Stroet Address	Address (P.O. Box Number is Not Acceptable)			
	S SHORE ACRES BLVD NE				Speet Address (F.O. Box Address is Not Acceptable)				
ST P	ETERSBURG FL 33703			83					
				84 C	City		FL	85 Zij	p Code
agent. I ar SIGNATURE	to the provisions of sections do year egistered agent, or both, in the State of familiar with, and accept the obligations of the obligation of the obligatio	ations of, Section 607.0505, F	Florida State	utes.	gnature required whe	in reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO		DIREC*	
TOTAL I	P			71 -	ı				
TITLE	•	☐ DELETE	1.1 TI						
NAME	KRAUSE, WILLIAM J		1,2 N/	AME					
NAME STREET ADDRESS	KRAUSE, WILLIAM J 4716 SHORE ACRES BLVD NE		1.2 N/ 1.3 S1	AME TREET ADD				criding	
NAME STREET ADDRESS CITY-ST-ZIP	KRAUSE, WILLIAM J	<u> </u>	1,2 N/ 1,3 S1 1,4 Ci	AME TREET ADD				Chang	
NAME STREET ADORESS CITY-ST-ZIP TITLE	KRAUSE, WILLIAM J 4716 SHORE ACRES BLVD NE		1,2 N/ 1,3 S1 1,4 Ci 2,1 Ti	AME TREET ADD ITY-ST-ZIF TLE					
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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:

STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/99

(727) 527-8928

Daytime Phone #