

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 # **G21896** (7)

1. Corporation Name

**O'STEEN'S INDEPENDENT SALES, INC.**



Principal Place of Business

Mailing Address

**6939 OKEECHOBEE RD  
FT. PIERCE FL 34945  
US**

**8792 LONESOME PINE TR  
FT. PIERCE FL 34945-0112**

3. Date Incorporated or Qualified

**02/07/1983**

3a. Date of Last Report

**06/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2413208**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'STEEN, HOWARD L. JR.  
8832 LONSOME PINE TR.  
FT. PIERCE FL 34945**

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 **PD** ☒ DELETE  
NAME **O'STEEN, HOWARD L.**  
STREET ADDRESS **8792 LONESOME PINE TR.**  
CITY-ST-ZIP **FT. PIERCE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VTD** ☐ DELETE  
NAME **O'STEEN, SIBYL H.**  
STREET ADDRESS **8792 LONESOME PINE TR.**  
CITY-ST-ZIP **FT. PIERCE FL**

2.1 TITLE **PTD** ☒ Change ☐ Addition  
2.2 NAME **Howard L. O'Steen, Jr.**  
2.3 STREET ADDRESS **8832 Lonesome Pine Tr/**  
2.4 CITY-ST-ZIP **Ft. Pierce, Fl. 34945**

TITLE **SD** ☐ DELETE  
NAME **O'STEEN, HOWARD L. JR.**  
STREET ADDRESS **8832 LONESOME PINE TR.**  
CITY-ST-ZIP **FT. PIERCE FL**

3.1 TITLE **VSD** ☒ Change ☐ Addition  
3.2 NAME **Sibyl H. O'Steen**  
3.3 STREET ADDRESS **8792 Lonesome Pine Tr**  
3.4 CITY-ST-ZIP **Fort Pierce, Fla. 34945**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Howard L. O'Steen Jr.* **HOWARD L. O'STEEN JR.**

**APR 11 96**

**46-6-6939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)