

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Montemayor
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G77905** (9)

1. Corporation Name

COMMERCIAL SUPPLY CO. OF PANAMA CITY, INC.

Principal Place of Business

**3910 W. 23RD CT.
P.O. BOX 16417
PANAMA CITY FL 32405**

Mailing Address

**3910 W. 23RD CT.
P.O. BOX 16417
PANAMA CITY FL 32405**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25	Country	30	Country

9. Name and Address of Current Registered Agent

**COKER, CHARLES B. JR.
3910 W. 23RD CT.
PANAMA CITY FL 32405**

3. Date first operated or qualified

01/10/1984

3a. Date of Last Report

04/24/1995

4. FEIN Number

59-2359775

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 has liability for intangible tax under s. 193.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81	Name
82	Street Address P.O. Box Not Applicable
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c), 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. Therefore, I accept the appointment as registered agent. I am familiar with and accept the obligations of being bonded in the Florida Statutes.

SIGNATURE

12. SIGNATURE

OFFICER OR DIRECTOR

12	NAME	☐ OFFICER
13	NAME	☐ OFFICER
14	NAME	☐ OFFICER
15	NAME	☐ OFFICER
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100	NAME	☐ OFFICER

13. SIGNATURE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13	NAME	☐ Change ☐ Addition
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100	NAME	☐ Change ☐ Addition

14. I do hereby certify that the information supplied in this report is true and correct and that I am a resident of the State of Florida. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. This is a change of office for this corporation or the name of the corporation is being changed as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am currently bonded with a bond of \$10,000.

SIGNATURE:

Charles B. Coker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

904-784-0000

CR2E034 (12/95)