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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H43564**

(4)

1. Corporation Name

REPCO SALES, INC.



Principal Place of Business

% EDWARD M. POE
140-B IMPERIAL STREET
MERRITT ISLAND FL 32952

Mailing Address

% EDWARD M. POE
140-B IMPERIAL STREET
MERRITT ISLAND FL 32952

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

9. Name and Address of Current Registered Agent

**PAULA DAVIS
140-B IMPERIAL ST.
MERRITT ISLAND FL 32952**

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 607.1505, 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 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent (attach separate page for each signature)

Signature of Registered Agent (attach separate page for each signature)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
AST	POE, EDWARD M.	103 GARDEN ST	TITUSVILLE FL	☐
DPS	DAVIS, PAULETTE	140B IMPERIAL ST.	MERRITT ISLAND FL	☐
DVP	DAVIS, JERRY	140B IMPERIAL ST.	MERRITT ISLAND FL	☐
AST	LEIGHTY, MARYANN	140B IMPERIAL ST.	MERRITT ISLAND FL	☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. CHANGE	6. ADDITION
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐	☐
2. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐	☐
3. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐	☐
4. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐	☐
5. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐	☐
6. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐	☐
7. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐	☐
8. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐	☐
9. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐	☐
10. TITLE	2. NAME	3. STREET ADDRESS	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:

Jerry F. Davis
JERRY F. DAVIS

4-25-96

(407) 453-4274

CR2E034 (12/95)