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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
~~W. EDWARD M. POE~~ c/o PAULA W. DAVIS
140-B IMPERIAL STREET
MERRITT ISLAND FL 32952

Mailing Address
~~W. EDWARD M. POE~~ c/o PAULA W. DAVIS
140-B IMPERIAL STREET
MERRITT ISLAND FL 32952-3630

3. Date Incorporated or Qualified: 02/20/1985
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 140-A IMPERIAL ST.
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 140-A IMPERIAL ST.
27 Suite, Apt #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-2499601 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PAULA DAVIS
~~140-B IMPERIAL ST.~~ 140-A IMPERIAL ST.
MERRITT ISLAND FL 32952

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST POE, EDWARD M. 103 GARDEN ST TITUSVILLE FL	☒ DELETE	1.1 T: 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS DAVIS, PAULETTE 140B IMPERIAL ST. MERRITT ISLAND FL	☐ DELETE	2.1 T: 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P/T/D 140-A IMPERIAL ST. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP DAVIS, JERRY 140B IMPERIAL ST. MERRITT ISLAND FL	☐ DELETE	3.1 T: 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/S/D 140-A IMPERIAL ST. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST LEIGHTY, MARYANN 140B IMPERIAL ST. MERRITT ISLAND FL	☐ DELETE	4.1 T: 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 140-A IMPERIAL ST.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 T: 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 T: 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

JERRY F. DAVIS 4/28/97 (407) 452-4224