

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 # **H58071 (2)**

1. Corporation Name
FASTENERS & SUPPLIES FOR FLEETS & INDUSTRY, INC.



Principal Place of Business: 6407 SE U.S. 441, OKEECHOBEE, FL 34974
% ROY F. WILSON, P.O. BOX 5614 LAKE WORTH FL 33466-5614 US

Mailing Address: P.O. BOX 5614 % ROY F. WILSON, P.O. BOX 5614 LAKE WORTH FL 33466-5614 US

3. Date Incorporated or Qualified: **05/21/1985**
3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business
21. **Okeechobee, FL.**
22. Suite, Apt. #, etc.
23. City & State
24. Zip: **34974** Country: **US**

2a. Mailing Address
26. **1694 S.W. 35th Cir.**
27. Suite, Apt. #, etc.
28. **Okeechobee, FL.**
29. Zip: **34974-6080** 30. **Okeechobee**

4. FEI Number: **59-2681476**
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
**WILSON, ROY F.
6407 SE US 441
OKEECHOBEE FL 34974**

10. Name and Address of New Registered Agent
81. Name: **Virginia L. Wilson**
82. Street Address (P.O. Box Number is Not Acceptable): **1694 S.W. 35th Cir.**
83.
84. City: **Okeechobee, FL** 85. Zip Code: **34974-6080**

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: *Virginia L. Wilson* Virginia L. Wilson DATE: **8-1-96**
Signature for current registered agent and filed agent only. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, ROY F.	
STREET ADDRESS	6407 SE US 441	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, VIRGINIA L.	
STREET ADDRESS	6407 SE US 441	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.O.S.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VIRGINIA L. WILSON	
1.3 STREET ADDRESS	1694 S.W. 35th CIR	
1.4 CITY-ST-ZIP	Okeechobee, FL 34974-6080	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Virginia L. Wilson* Virginia L. Wilson PRE. - 941 467 7242
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (12/95)