

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

Mailing Address

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

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

2a. Mailing Address

21 Okeechobee, FL.
Suite, Apt. #, etc.

26 1694 S.W. 35th Cir.
Suite, Apt. #, etc.

4. FEI Number

59-2681476

Applied For

Not Applicable

22 City & State

27 City & State

23 Zip

Country

28 Okeechobee, FL

Zip

Country

24

25

29 34974-6080

30 Okeechobee

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

10. Name and Address of New Registered Agent

WILSON, ROY F.
6407 SE US 441
OKEECHOBEE FL 34974

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE 1-18-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE PD ☒ DELETE

11.2 NAME WILSON, ROY F.

11.3 STREET ADDRESS 6407 SE US 441

11.4 CITY-STATE-ZIP OKEECHOBEE FL

11.5 TITLE DVS ☒ DELETE

11.6 NAME WILSON, VIRGINIA L.

11.7 STREET ADDRESS 6407 SE US 441

11.8 CITY-STATE-ZIP OKEECHOBEE FL

11.9 TITLE ☐ DELETE

11.10 NAME

11.11 STREET ADDRESS

11.12 CITY-STATE-ZIP

11.13 TITLE ☐ DELETE

11.14 NAME

11.15 STREET ADDRESS

11.16 CITY-STATE-ZIP

11.17 TITLE ☐ DELETE

11.18 NAME

11.19 STREET ADDRESS

11.20 CITY-STATE-ZIP

11.21 TITLE ☐ DELETE

11.22 NAME

11.23 STREET ADDRESS

11.24 CITY-STATE-ZIP

11.25 TITLE ☐ DELETE

11.26 NAME

11.27 STREET ADDRESS

11.28 CITY-STATE-ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

BO.S. VIRGINIA L. WILSON ☒ Change ☒ Addition

1694 S.W. 35th Cir

Okeechobee, FL 34974-6080

☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941 467 7242

Daytime Phone #

CR2E034 (12/95)