

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
OKEECHOBEE FL 34974
US

Mailing Address
1694 S.W. 35TH CIR.
% ROY F. WILSON, P.O. BOX 5614
OKEECHOBEE FL 34974-6080
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1694 S.W. 35th Cir.
Suite, Apt. #, etc.
22
City & State
23 Okeechobee, FL
Zip
24 34974-6080
Country
25 Okeechobee
2a. Mailing Address
26 1694 S.W. 35th Cir
Suite, Apt. #, etc.
27
City & State
28 Okeechobee, FL
Zip
29 34974-6080
Country
30 Okeechobee

3. Date Incorporated or Qualified
05/21/1985
4. FEI Number
59-2681476
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WILSON, VIRGINIA L
1694 S.W. 35TH CIR.
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name Roy F. 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 Roy F. Wilson D. Roy F. Wilson D 1-9-98
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | PDS | <input checked="" type="checkbox"/> DELETE |
| NAME | WILSON, VIRGINIA | |
| STREET ADDRESS | 1694 S.W. 35TH CIR. | |
| 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 | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | P-D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Roy F. Wilson | |
| 1.3 STREET ADDRESS | 1694 S.W. 35th Cir | |
| 1.4 CITY-ST-ZIP | Okeechobee, FL 34974-6080 | |
| 2.1 TITLE | V-S-T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Virginia L. Wilson | |
| 2.3 STREET ADDRESS | 1694 S.W. 35th Cir | |
| 2.4 CITY-ST-ZIP | Okeechobee, FL 34974-6080 | |
| 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 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.

SIGNATURE: Roy F. Wilson D 1-9-98 944677242

CR2E034 (10/97)