FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H87088 (1)

1. Corporation Name
THE SUPPLY ROOM, INC.

Principal Place of Business	Mailing Address
3710 SILVER STAR RD BUILDING 3 ORLANDO FL 32808 US	C/O ULTIMA D. MORGAN, ESQ 315 E. ROBINSON ST. #600 ORLANDO FL 32801-308 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1985	3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2615906	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 3710 Silver Star Rd	26 3710 Silver Star Rd
Suite, Apt. #, etc. 22 Bldg 3	Suite, Apt. #, etc. 27 Bldg 3
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip / County 24 32808 / 25 USA	Zip / County 29 32808 / 30 USA

9. Name and Address of Current Registered Agent

REAVES, CULLEN E.
3710 SILVER STAR RD.
ORLANDO FL 32808

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	REDD, JOHNNY R.	12 NAME		
STREET ADDRESS	105 HAMLIN T. LANE	13 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS FL	14 CITY-ST-ZIP		
TITLE	TSD	21 TITLE		☐ Change ☐ Addition
NAME	REAVES, CULLEN E.	22 NAME		
STREET ADDRESS	1770 CHOCKTAW TRAIL	23 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	REAVES, CAROL B.	32 NAME		
STREET ADDRESS	1770 CHOCKTAW TRAIL	33 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	REDD, SHERRY M.	42 NAME		
STREET ADDRESS	105 HAMLIN T LANE	43 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Johnny R. Redd, President (407) 295-0377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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