

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H87088 (1)

1. Corporation Name

THE SUPPLY ROOM, INC.



Principal Place of Business

4000 N. Orange Blossom Tr.
5710 SILVER STAR RD
BLDG-8 Unit 6
ORLANDO FL 32804
US

Mailing Address

4000 N. Orange Blossom Tr.
5710 SILVER STAR RD
BLDG-8 Unit 6
ORLANDO FL 32804
US

3. Date Incorporated or Qualified
11/26/1985

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2615906

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REAVES, CULLEN E.

3710 SILVER STAR RD. 4000 N. Orange Blossom Tr.
ORLANDO FL 32804 32804

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 607.1503, 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

Signature type for principal and registered agent is not applicable.

NOTE: Registered Agent signature required when filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME REDD, JOHNNY R.
STREET ADDRESS 105 HAMLIN T. LANE
CITY-ST-ZIP ALTAMONTE SPGS FL

TITLE ☐ DELETE

TSD
NAME REAVES, CULLEN E.
STREET ADDRESS 1770 CHOCTAW TRAIL
CITY-ST-ZIP MAITLAND FL

TITLE ☐ DELETE

D
NAME REAVES, CAROL B.
STREET ADDRESS 1770 CHOCTAW TRAIL
CITY-ST-ZIP MAITLAND FL

TITLE ☐ DELETE

D
NAME REDD, SHERRY M.
STREET ADDRESS 105 HAMLIN T LANE
CITY-ST-ZIP ALTAMONTE SPGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

JOHNNY R. REDD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 402-795-0371
Corporate Phone #

CR2E034 (12/95)