

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H87088** (1)

1. Corporation Name
THE SUPPLY ROOM, INC.



Principal Place of Business 4000 N ORANGE BLOSSOM TRAIL UNIT 6 ORLANDO FL 32804 US	Mailing Address 4000 N ORANGE BLOSSOM TRAIL UNIT 6 ORLANDO FL 32804-2765 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/26/1985	3a. Date of Last Report 04/25/1996
4. FEI Number 59-2615908	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent REAVES, CULLEN E. 4000 N ORANGE BLOSSOM TRAIL UNIT 6 ORLANDO FL 32804	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REDD, JOHNNY R.		1.2 NAME	
STREET ADDRESS 105 HAMLIN T. LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP ALTAMONTE 32009 FL		1.4 CITY-ST-ZIP	
TITLE TSD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REAVES, CULLEN E.		2.2 NAME	
STREET ADDRESS 1770 CHOCTAW TRAIL		2.3 STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REAVES, CAROL B.		3.2 NAME	
STREET ADDRESS 1770 CHOCTAW TRAIL		3.3 STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REDD, CHERRY M.		4.2 NAME	
STREET ADDRESS 105 HAMLIN T. LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP ALTAMONTE 32009 FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME CADE REAVES	
STREET ADDRESS		5.3 STREET ADDRESS 1770 CHOCTAW TRAIL	
CITY-ST-ZIP		5.4 CITY-ST-ZIP MAITLAND FL 32751	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:  **4/28/97** **407-295-0377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CULLEN E. REAVES
Date Daytime Phone #

CR2E034 (9/96)