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Feb 10 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 # **J44005**

(3)

1. Corporation Name
FLORIDA CLOCK & SUPPLIES, INC.



Principal Place of Business

Mailing Address

**9706 S E HWY 441
BELLEVUE FL 34420
US**

**9706 S E HWY 441
BELLEVUE FL 34420
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/25/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2737237

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

**AMBLER, STEVEN MARK W
9706 SE HIGHWAY #441
BELLEVUE FL 34420**

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 607.0602 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD
NAME AMBLER, STEVEN M
STREET ADDRESS 15251 S E 84TH TER
CITY-ST-ZIP SUMMERFIELD FL**

☐ DELETE

TITLE
**STD
NAME LEWIS, O R
STREET ADDRESS 4801 N E 58TH AVE
CITY-ST-ZIP SILVER SPRINGS FL**

☐ DELETE

TITLE
**S
NAME AMBLER, STEVEN M
STREET ADDRESS 15251 SE 84TH TER
CITY-ST-ZIP SUMMERFIELD FL**

☒ DELETE

TITLE
**V
NAME MORRIS, RAY J.
STREET ADDRESS 15600 SE 27TH AVE
CITY-ST-ZIP SUMMERFIELD FL**

☐ DELETE

TITLE
**M
NAME RONNIE BLANKENSHIP
STREET ADDRESS 9215 SE 140TH PLACE
CITY-ST-ZIP SUMMERFIELD FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☐ Addition

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☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

Steven M. W. Ambler *SA* *2/4/97* *352-245* *6524*

CR2E034 (9/96)