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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J44005

1. Corporation Name
FLORIDA CLOCK & SUPPLIES, INC.

Principal Place of Business

9706 S E HWY 441
BELLEVUE FL 34420
US

Mailing Address

9706 S E HWY 441
BELLEVUE FL 34420
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1986

4. FEI Number

59-2737237

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

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

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

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

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

TITLE S
NAME AMBLER, BRIAN SW
STREET ADDRESS 15251 SE 84TH TERR
CITY-ST-ZIP SUMMERFIELD FL

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

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

TITLE C
NAME HATCHER, ROBERT
STREET ADDRESS 21000 SWEETWATER BRANCH RD
CITY-ST-ZIP FOUNTAIN FL

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

4-28-99