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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J63104

(0)

FLORIDA ROPE & SUPPLY, INC.

11462 ROYAL DRIVE

**BROOKSVILLE FL** 

DOUGLASS, VILMA

**BROOKSVILLE FL** 

11462 ROYAL DRIVE

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

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NAME

Secretary of State

**FILED** 

Jan 23 1998 8:00am

| Principal Place of Business Mailing Address                                       |   |                                     |  |                                      |                         |                 |                     | 1 INDICTO DEEM METAN JUINT ITME                                | . E8214 \$101 61011 616           |                         | BIEN NIE                | 11 (               |
|---|---|-------------------------------------|--|--------------------------------------|-------------------------|-----------------|---------------------|--|-----------------------------------|-------------------------|-------------------------|--------------------|
| 316 MARIANNE STREET 316 MARIANNE STREET BROOKSVILLE FL 34601 BROOKSVILLE FL 34601 |   |                                     |  |                                      |                         |                 |                     |  |                                   |                         |                         |                    |
|   |   |                                     |  |                                      |                         |                 |                     |  | WRITE IN THIS                     | SPACE                   |                         |                    |
|   |   |                                     |  |                                      |                         |                 |                     | 3. Date Incorporated or Qua                                    | alified                           |                         |                         |                    |
|   |   |                                     |  |                                      |                         |                 |                     | 03/16/1987   |                                   |                         |                         |                    |
| 2. Principal F  | Place of Business   | 2a.                                 | . Mailing Address  |                                      |                         |                 |                     | 4. FEI Number  |                                   |                         | Applie                  | d For              |
| 21  |   | 26                                  |  |                                      |                         |                 |                     | 59-2780290   |                                   |                         | Not Ap                  | plicable           |
| Suite, Apt. #, etc.   |   |                                     | Suite, Apt. #, etc.  |                                      |                         |                 |                     | 5. Certificate of Status Desi                                  | red 🔲                             | 7                       | <b>5</b> Addi<br>Requi: |                    |
| City & Stat   | e   |                                     | City & State   |                                      |                         |                 |                     | 6. Election Campaign Finan                                     | cina                              | \$5.                    | 00 Ma                   | r Be               |
| 23  |   | 28                                  | 28   |                                      |                         |                 | - 1                 | Trust Fund Contribution  |                                   |                         | led to F                |                    |
| Zip   | Country   |                                     | Zip  | Co                                   | untry                   |                 |                     | 8. This corporation owes or                                    | has paid the c                    | urrent vea              | r Intano                | ible               |
| 24  | 25  | 29                                  | 30   |                                      |                         |                 |                     | Personal Property Tax du                                       | •                                 | Yes                     |                         |                    |
| 9. Name and Address of Current Registered Agent                                   |   |                                     |  |                                      |                         |                 | 1                   | o. Name and Address of N                                       | lew Registered                    | i Agent                 |                         |                    |
| חר  | DUGLASS, STUART B.  |                                     |  |                                      | 81                      | Name            |                     |  |                                   |                         |                         |                    |
| 316 MARIANNE STREET   |   |                                     |  |                                      |                         |                 |                     |  |                                   |                         |                         |                    |
| BROOKSVILLE FL 34601  |   |                                     |  |                                      | 82                      | Street Ac       | adress              | (P.O. Box Number is Not Ad                                     | cceptable)                        |                         |                         |                    |
|   |   |                                     |  |                                      | 83                      |                 |                     |  |                                   |                         |                         |                    |
|   |   |                                     |  |                                      | 84                      | City            |                     |  | F                                 | L 85 2                  | Zip Cod                 | e                  |
| 11. Pursuant<br>office or a<br>agent. I a   | to the provisions of Sections 607.05<br>registered agent, or both, in the State<br>am familiar with, and accept the oblig | 02 and 6<br>e of Flori<br>pations o | 07.1508, Florida Statu<br>da. Such change was<br>f, Section 607.0505, Fi | tes, the a<br>authorize<br>orida Sta | bove<br>ed by<br>atutes | the corpo       | corpora<br>oration' | tion submits this statement f<br>s board of directors. I hereb | or the purpose<br>y accept the ap | of changlr<br>pointment | ng its re<br>t as regi  | glstered<br>stered |
| SIGNATURE   | Signature, typed or printed name of registered ag   | ant and title                       | if applicable (NO)   | re Posicion                          | nd Ann                  | et cionatura ea | nor inod u          | hen reinstating)   | DATE                              |                         |                         | <del></del>        |
| 12. OFFICERS AND DIRECTORS 13.  |   |                                     |  |                                      |                         | nt agnatura re  | oquita ii           | ADDITIONS/CHANGES TO   |                                   | ID DIRECT               | TORS IN                 | 112                |
| TITLE   | PCD   | 10 01112                            | DELETE   |                                      | TITLE                   |                 |                     | 11001110110101011111100011                                     |                                   | Chan                    |                         | Addition           |
| NAME  |   |                                     |  |                                      | 1.2 NAME                |                 |                     |  |                                   |                         | •                       |                    |
| A COLOR DOLLAR DOLLAR   |   |                                     |  | TREET                                | TREET ADDRESS           |                 |                     |  |                                   |                         |                         |                    |
| CITY-ST-ZIP   | BROOKSVILLE FL  |                                     |  | 140                                  | CITY-S'                 | T-ZIP           |                     |  |                                   |                         |                         |                    |
| TITLE   | STV   |                                     | DELETE   | 2.1                                  |                         |                 |                     |  |                                   | Chan                    | ge 🗀                    | Addition           |
| NAME  | DOUGLASS, VILMA   |                                     |  |                                      | AME                     |                 |                     |  |                                   |                         |                         |                    |

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

2. 4 CITY - ST- ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

■ 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.

SIGNATURE STURRE B. DOUGLASS Strate Blows (055 1/2)

DELETE

DELETE

DELETE

\_\_\_ DELETE

352 796-8632

Change

Change

Change

\_\_\_ Change

CR2E034 (10/97)

Addition

\_\_\_ Addition

Addition