

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 12 AM 9:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L 59491

1. Corporation Name

PRODUCTION SUPPLY COMPANY OF FLORIDA, INC.

Principal Place of Business
**3030 Burris Road
Davie, Florida 33314**

Mailing Address
same

600001510796

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		3/19/90		4/12/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0181693		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution		☐	
24		25		29		30	
Zip		Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**John J. Westeyn
3030 Burris Road
Davie, Florida 33314**

10. Name and Address of New Registered Agent

81 Name
Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
83
84 City
Tallahassee FL 85 Zip Code
32301

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

Gail Shelby

-Gail Shelby, as Agent

6/12/95

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

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	Assist. Sec. ☐ Change ☒ Addition
NAME		1.2 NAME	Gail Shelby
STREET ADDRESS		1.3 STREET ADDRESS	1201 Hays Street
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Tallahassee, Florida 32301
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Gail Shelby
Gail Shelby, AS ASST. SEC.

June 12, 1995 (904)222-9171

Date

Daytime Phone #

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086



L59491

ACCOUNT NO. : 072100000032

REFERENCE : 610710 106482A

AUTHORIZATION : Patricia Pignatelli

COST LIMIT : \$ 233.75

ORDER DATE : June 6, 1995

ORDER TIME : 9:18 AM

ORDER NO. : 610710

800001510796

CUSTOMER NO: 106482A

CUSTOMER: Frank Mendez, Esq
Frank Mendez, Esq
4th Floor
3915 Biscayne Boulevard
Miami, FL 33137

ANNUAL REPORT FILING

RECEIVED
JUN 12 AM 11:13
DIVISION OF CORPORATION

NAME: PRODUCTION SUPPLY COMPANY OF
FLORIDA, INC.

ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY
XXXX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS:

NS 6/12/95