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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L68222

(3)

1. Corporation Name

SUPPLY NETWORK OF TAMPA, INC.

Principal Place of Business

9501 E. HILLSBOROUGH AVE.
TAMPA FL 33615
US

Mailing Address

9501 B E HILLSBOROUGH AVE
TAMPA FL 33610-5825
US



3. Date Incorporated or Qualified
04/24/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 7439 E. Hillsborough Ave.

Suite, Apt. #, etc.

22 Suite 110

City & State

23 Tampa, FL

Zip

24 33610

Country

25 Hillsborough

2a. Mailing Address

26 7439 E. Hillsborough Ave.

Suite, Apt. #, etc.

27 Suite 110

City & State

28 Tampa, FL

Zip

29 33610

Country

30 Hillsborough

4. FEI Number

65-0204842

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

Yes No

9. Name and Address of Current Registered Agent

COFFILL, JOHN
3336 FOSRIDGE CIR
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

Coffill, John

82 Street Address (P.O. Box Number is Not Acceptable)

3336 Foxridge Circle

83

84 City

Tampa

FL

85 Zip Code
33618

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 STV
NAME COFFILL, JOHN
STREET ADDRESS 9501 E. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA FL

TITLE PD
NAME OTTE, MARSHA S.
STREET ADDRESS 945 SEDDON COVE WAY
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STV
1.2 NAME Coffill, John
1.3 STREET ADDRESS 7439 E. Hillsborough Ave.
1.4 CITY-ST-ZIP Tampa, FL 33610

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/97 813621-1179

CR2E034 (9/96)