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

PROFIT CORPORATION ANNUAL REPORT

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4.1 TITLE

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54 CITY-ST-ZIP

3.4. CITY-ST-ZIP

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JACKSONVILLE FL

	PROFIT CORPORATION ANNUAL REPORT 1997 FLORIDA DEPARTME Sandra B. M. Secretary of DIVISION OF CORE			,	Secretary of State				
	IMENT # L83107 ASKET SUPPLY WORLD, IN	• •			t the shelf bei think diffe well best begi	Rifflit Øk ø kt Rk	aki arani arani	DIĒK IKU	
Principal Plai	ce of Business	Maiting Address		**********					
Jacksonv ille		120 CLEVELAND ST - JACKSONVILLE FL 32304-1							
1637 FAIRFIELD PL NACKSONVILLE FL 32206 2. Principal Place of Business		1537 FAIRFIELD PL JACKSONVIllE FL 32206			3. Date Incorporated or Qualified 06/25/1990	3a. Date of Last Report 04/12/1996			
. 2. Princ part 21	Tace of Business	2a, Mailing Address			4. FEI Number 62-1435201			oplied For of Applicable	1
Suite, Apt	Suite. Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional	1	
Oily & Sta 23		City & State		Election Campaign Financing Trust Fund Contribution	ر				
Zip Country Zip 24 25 29 3i				/] Yes [] No	199.032	
9, Name and Address of Current Registered Agent				Name	10. Name and Address of New Re	gistered A	gent		$\frac{1}{2}$
PAULK, DAVID L. 120 CLEVELAND S T. 815 HAANES ST				82 Street Address (P.O. Box Number is Not Acceptable)					$\frac{1}{2}$
JACKSONVILLE FL 82204 32206									
			83	}					1
			84	City		FL	85 Zip (Code]
11. Pursuant office or agent. Li	t to the provisions of Sections 607.0 registered agent, or both, in the Sta are familiar with, and accept the obt	502 and 607, 1508, Florida Statute te of Florida Such change was a igations of, Section 607,0505, Flo	es, the abov authorized b orida Statute	e-named cor y the corpora s.	poration submits this statement for the pation's board of directors. I hereby acceptions	urpose of it the appo	changing its sintment as	s registered registered	
SIGNATURE	Signature Syprid On printed hame of registived a	gent and title if applicante (NOTE	Registered Ag	ent signature requ	(red when reinstating)	DATE		··	1
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		IS IN 12	38
WILL	Ð	☐ DELETE	1.1 TITLE	}			Change	Addition	Š
NAM:	BROWN, ROBERT I.		1.2 NAME	1					2
STREET ADDRESS	199 NORTH SHEFFIELD DR.			f Address					Ĭ
CALLY-SI, ZIP TOLE	CREOLA AL	1.4 CIT		ST-ZIP			Change	Addition	ۋ
NW:	D COUNT CADOLANTA	[Dette it	2.1 TITLE 2.2 NAME	1			L ∩ change	жиопиол	1
SURCE CALCURESS	BROWN, CAROLYN V. 199 NORTH SHEFFIELD DR.		2.3 STREET	LADDRESS					
fore SL-762	CREOLA AL		2.4 CITY -	1					Ì
THE			31 THTLE	*:-:" 	A.	A C	Change	Addition	1
NAM	FRERING, PATRICIA L.		3.2 NAME	1			•		
STREET ADDRESS	1	,	3.3 STREET	F ADDRESS					-

FILED

Apr 09 1997 8:00am

6.4 City-ST-2IP 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 inclicated 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 directory true corporation or the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Change

☐ Change

Change Addition

Addition

☐ Addition