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 #

(0)

ATLANTIC SUPPLY COMPANY, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

FILED

May 13 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address	
2095 N.W. FEDERAL HWY STUART FL 34994	2095 N.W. FEDERAL HWY Stuart Fl 34994	

					11/26/1985				
2. Principal P	ace of Business	2a, Mailing Address			4. FEI Number	[A	oplied For		
21 2201	SEINDIAN ST	26 2995 SE G	-19590W L)r	65-0106702	No	ot Applicable		
Sulte, Apt. 22 BLD 6	#, etc.	Suite, Apt. #, etc.	, ,		5. Certificate of Status Desired		Additional equired		
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be		
23 Stua	rt, FL	28 Stuart,	FL		Trust Fund Contribution	Added	to Fees		
_ Ziguaa	Country	7ip	Country		8. This corporation owes or has paid th		_ ' '		
24 3477	[25]		30		Personal Property Tax due June 30.		K No		
04	9. Name and Address of Current I	Registered Agent	81 Nar		10. Name and Address of New Registe	red Agent			
	DAME, KATHERINE		o Nar	ie					
3009 SE DARIEN RD			82 Stre	82 Street Address (P.O. Box Number is Not Acceptable)					
PI.	ST. LUCIE FL 34952		83 20	145_	SE Glasgow Dr				
			i		9				
			84 City	CJ.	_1	85 Zip	Code.		
		1007 1000 50 51 001			11 /	FL 34	997		
office or re	egistered agent, or both, in the State of	Florida. Such change was a	uthorized by the c	ed corpo orporatio	pration submits this statement for the purpo on's board of directors. I hereby accept the	∍se or changing i e appointment as	ts registered registered		
agent. I a	m familiar with, and accept the obligation	ons of, Section <mark>607.050</mark> 5. Flo	rida Statutes.	•	ŕ				
SIGNATURE									
12.	Signature, typed or pended name of registered agent of OFFICERS AND		Registered Agent signs	ture recurren	ADDITIONS/CHANGES TO OFFICERS	ATE	26 IM 12		
TITLE	PS OF ICERS AND	DELETE	1.1 TITLE	\top	ADDITIONS/CHANGES TO OFFICENS	Change	Addition		
NAME	BADAME, RICHARD		1.2 NAME			onengo			
STREET ADDRESS	3009 SE DARIEN ROAD			مداء	OF SE Glasson Do				
CITY-ST-ZIP	PT. ST. LUCIE FL 34952		1.3 SINCE I ADDRES	° 27.	95 SE Glasgow Dr wart, FL 34991				
TITLE		DELETE	2.1 TITLE	12/6	1477, FC 37111	Change	Addition		
NAME		<u></u>	2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRES	22	· · · · · · · · · · · · · · · · · · ·				
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		: •				
TITLE		DELETE	3.1 TITLE			Change	Addition		
NAME			3.2 NAME	1		_ •			
STREET ADDRESS			3.3 STREET ADDRES	is l					
CITY-ST-ZIP			3.4 CITY-ST-ZIP						
TITLE		DELETE	4.1 TITLE			Change	Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRES	s					
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP						
TITLE		☐ DELETE	5 1 TITLE	1		☐ Change	Addition		
NAME			5.2 NAME	Ì					
STREET ADDRESS			5.3 STREET ADDRES	s					
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRES	s					
CITY-ST-ZIP			6.4 CITY-ST-ZIP						

14. Thereby 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 eath; 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, ocon an attachment with at address.

4/22/00