SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

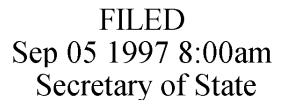
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1997

(4)

NATIONAL SUPPLY COMPANY OF CENTRAL FLORIDA, INC.





Principal Place of Business Mailing Address								- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	şı bibil bibi	i gigil bigil bib	(
549 W. 13TH STREET APOPKA FL 32703				549 W. 13TH STREET APOPKA FL 32703				DO NOT WRITE	IN THIS	SPACE	
								3. Date Incorporated or Qualified	3a. Da	ate of Last F	Report
								08/01/1988	03/05/1996		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number			pplied For
21				26				59-2900519		N	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State				City & State				6. Election Campaign Financing		\$5.00	May Be
23				28				Trust Fund Contribution			to Fees
Zip Country				Zip Country			8. This corporation owes or has paid the current year Intengible				
24	25			29 30				Personal Property Tax due June 30. Yes No			
g. Name and Address of Current				····				10. Name and Address of New Registered Agent			
	wers, debi					81	Name				
1383 BLACK WILLOW TRAIL ALTAMONTE SPRINGS FL 32714						82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
						83					
						84	,		FL	.	Code
office or re	egi ste red agei	nt, or both, in the Sta	to of Floric	07.1508, Florida Statu Ia. Such change was , Section 607.0505, Fl	authorize	d by	the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	ourpose of ot the app	r changing it pointment as	ts registered registered
SIGNATURE											
							nt signature rec	quired when reinstating)	DATE		
12.		OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	3S (N 12
TITLE	D			☐ DELETE	1.1 TI	TLE				Change	Addition
NAME	BOWERS, DEBRA KAY			1.2 N		ME					
STREET ADDRESS				1.3 ST			ADDRESS				
CITY-ST-ZIP	ALTAMON	ITE SPRINGS FL			1.4 0	TY-S	t-ZIP				
TITLE				□ DELETE	2.1 Ti	TLE				Change	☐ Addition
NAME	'				2.2 N/	ME					
STREET ADDRESS					2.3 ST	REET	ADDRESS				
CITY-ST-ZIP					2.4C	ITY-S	ST - Z IP				1
TITLE				☐ DELETE	3.1 Ti	TLE				Change	Addition
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CITY-ST-ZIP					5.4 CI		} '				
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NAME					6.2 NA	ME				-	
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CITY-ST-ZIP					6.4 CI						1
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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 Statules, 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 disportation 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 chapted, or on an attachment with an address.