

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000094962

1. Entity Name
USA POLICE SUPPLY, INC.



FILED
Jul 10, 2008 08:00 AM
Secretary of State

Principal Place of Business
193 MERIDIANNA DR.
TALLAHASSEE, FL 32312

Mailing Address
193 MERIDIANNA DR.
TALLAHASSEE, FL 32312



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0286602

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORNELISON, MARIANNE E
193 MERIDIANNA DR.
TALLAHASSEE, FL 32312

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000954057
07/10/08-80009-015 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORNELISON, MARIANNE E
STREET ADDRESS	193 MERIDIANNA DR.
CITY-ST-ZIP	TALLAHASSEE, FS 32312
TITLE	CFO
NAME	MILLER, ANN R
STREET ADDRESS	706 GRACE AVENUE
CITY-ST-ZIP	HATTIESBURG, MS 39401
TITLE	COO
NAME	CORNELISON, JOHN E JR.
STREET ADDRESS	193 MERIDIANNA DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Marianne E. Cornelison Marianne E. Cornelison 7-8-08 850-443-5102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #