## ← FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



| CORPORATION ANNUAL REPORT  1996  Secretary of Division of Col |   |   | . Mortham<br>y of State                           |   |   |                              |
|---|---|---|---|---|---|------------------------------|
| <ol> <li>Corporatio</li> </ol>                                | n Name  | 00003095 (6)  |   |   |   |                              |
| GUY II  | NDUSTRIAL SUPPLY, INC                         | • ′   |   |   | <b>10</b> 00 <b>10</b> 00 <b>10</b> 00 <b>10</b> 00 <b>10</b> |                              |
| Principal Place   | e of Business                                 | Mailing Address                                     |   |   |   |                              |
| 333 FALKENBURG RD N<br>UNIT D 402<br>TAMPA FL 33619           |   | 333 FALKENBURG RD N<br>UNIT D 402<br>TAMPA FL 33619 |   |   |   |                              |
| US  |   | US  |   | <ol> <li>Date Incorporated or Qualified<br/>11/04/1992</li> </ol> | 3a. Date of Last 04/14/19                                     | ,                            |
| -1 ~ //   | lace of Business 1                            | 2a. Mailing Address Av                              | NE  | 4. FEI Number   |   | Applied For                  |
| Suite, Apt.   |   | Suite, Apt. #, etc.                                 | · · ·   | 59-3151826  5. Certificate of Status Desired                      | 1 1   | Not Applicable  5 Additional |
| 2 City 4 Stat   | mura FL                                       | City & State  |   | 6. Election Campaign Financing                                    | Fee   | Required  O May Be           |
| ZIP 2 2   | Country                                       | <b>28</b> Zip                                       | Country   | Trust Fund Contribution  8. This corporation has liability for    | Add   | ed to Fees<br>i 199.032,     |
| 1 22  | 9. Name and Address of Cur                    |   | 30  |   | □No   |                              |
|   | g, rame and reduces of our                    | ent negistered Agent                                | 81 Name   | 10. Name and Address of New R                                     | legistered Agent  |                              |
| GUY, GARY<br>333 FALKENBURG RD N D-402<br>TAMPA FL 33619      |   |   | 82 Street Add                                     | dress (P.O. Box Number is Not Acceptab                            | vie)  |                              |
| IMMEA   | LF 22018                                      |   | 84 City   |   | Tarl :  | in Carla                     |
|   |   | )   |   |   | F1  | ip Code                      |
| SIGNATURE   | Sign ure, typod or printed time registered as | gentand title if applicable (NOTE                   | Registered Agent signature require                |   | 9/00/>C   | <del>_</del>                 |
| I <b>2.</b><br>IfLE   | L P   | AND DIRECTORS  DELETE                               | 13.   | ADDITIONS/CHANGES TO OFF  | ICERS AND DIRECT  |                              |
| IAME<br>TREET AOORESS<br>ITY+ST-ZIP                           | GUY, GARY<br>3520 YALE CIRCLE<br>RIVERVIEW FL | _ veen  | 1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |   | change  | [_] Addition                 |
| FLF   | V   | ☐ DELETE  | 2 1 TITLE   |   | ☐ Change  | Addition                     |
| AME<br>Treet address  | GUY, PHILLIP<br>9301 RIVER COVE DR.           |   | 2.2 NAME<br>2.3 STREET ADDRESS                    |   |   |                              |
| TY-ST-ZIP   | RIVERVIEW FL                                  | C Driette   | 2 4 CITY-ST-ZIP                                   |   |   |                              |
| TLE<br>AME  | S<br>GUY, MARGREAT                            | ☐ DÉLETE  | 3. 1 TITLE<br>3.2 NAME                            |   | ☐ Change  | Addition                     |
| TREET ADDRESS   | 9301 RIVER COVE DR.                           |   | 3.3. STREET ADDRESS                               |   |   |                              |
| TY - ST - ZIP   | RIVERVIEW FL                                  | רין חבו כדכ   | 3.4 CITY-ST-ZIP                                   |   |   |                              |
| ME  | GUY, CINDY                                    | DELETE  | 4. 1 TITLE<br>4.2 NAME                            |   | Change  | ☐ Addition                   |
| REFT ADDRESS  | 3520 YALE CIRCLE                              |   | 4.3 STREET ADDRESS                                |   |   |                              |
| TY-ST-ZIP<br>TLE  | RIVERVIEW FL                                  | DELETE.   | 4.4 CITY - ST - ZIP                               |   | [ ] Oha   | T gassa                      |
| .ME   |   |   | 5. 1 TITLE<br>5.2 NAME                            |   | ☐ Change  | ☐ Addition                   |
| REET ADDRESS  |   |   | 5.3 STREET ADDRESS                                |   |   | i                            |
| TY-ST-ZiP   |   |   | 5.4 CITY-ST-ZIP                                   |   |   |                              |
| ILE   |   | ☐ DELETE  | 6. 1 TITLE  |   | ☐ Change  | Addition                     |
| ME  |   |   | 6.2 NAME  |   |   |                              |
| réet address<br>fy-s1-zip                                     | ]   |   | 6.3 STREET ADDRESS<br>6.4 City-St-7IP             |   |   |                              |
| 17 1 " 31 " 21"   | 1   |   | ■ 64 CHY-S(-712                                   |   |   |                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 production 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, of en an attachment with a poddress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR