

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000056764 (1)

1. Corporation Name

ENGINEERING SUPPLY COMPANY OF FLORIDA, INCORPORATED



Principal Place of Business

917 CENTRAL PARKWAY
STUART FL 34994

Mailing Address

917 CENTRAL PARKWAY
STUART FL 34994

2. Principal Place of Business

2a. Mailing Address

21 933 CENTRAL PARKWAY

26 933 CENTRAL PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 STUART, FL

28 STUART, FL

Zip

Country

Zip

Country

24 34994

25 MARTIN

29 34994

30 MARTIN

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/01/1994

3a. Date of Last Report

05/01/1995

4. FET Number

56-0524674 65-0524674

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

HILL, ANITA L
917 CENTRAL PARKWAY
STUART FL 34994

81 Name

82 "SAME"
Street Address (P.O. Box Number is Not Acceptable)

933 CENTRAL PARKWAY

83

84 City

STUART

FL

85 Zip Code

34994

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Anita L. Hill

ANITA L. HILL

3/31/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HILL, ANITA L
STREET ADDRESS 1349 SW COVERED BRIDGE ROAD
CITY-ST-ZIP PALM CITY FL 34990

TITLE SD
NAME HILL, MARK R
STREET ADDRESS 1349 SW COVERED BRIDGE ROAD
CITY-ST-ZIP PALM CITY FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3. TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4. TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6. TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, or on an attachment with an address.

SIGNATURE:

Anita L. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANITA L. HILL

4/1/96

(407) 286-4474

CR2E034 (12/95)