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PROFIT CORPORATION ANNUAL REPORT



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

1996

MENT # DOMOCOTAGAE

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SRT SI	UPPLY, INC.				1 188/1884/ 118 thris 2 /6/6	2 (4) 46 (1) 43 (1) 8 3 (4)	åäll äissä kirk äiska alli kaar
	e of Business ANY AVE. 4450 601 3003 Etersburg, Fl	nAveN		00 60 th Ave N		ETIF PORIL DOLLA EFFIR II	DOVI DIBOG HAHAL DIQUD BAKA MURI
St.	etershane F1	337/4	TAMPA FL 33607	1 (1.22.20)			
			Jt. Velers	burg, F1. 33714	3. Date Incorporated or Qualified 10/10/1994 3a. Date of Last Report 07/20/1995		
Principal Pl	lace of Business		. Mailing Address	_	4. FEI Number		Applied For
Suite, Apt.		26	Suite, Apt. #, etc.	<u> </u>	59-3281291		Not Applicable
1		27			5. Certificate of Status Des	sireci	\$8.75 Additional Fee Required
City & State		71	City & State		6. Election Campaign Finar	ncing	\$5.00 May Be
87 ! Zo	Pelers burg	7L 28	Zip	Country	Trust Fund Contribution		Added to Fees
3271	4 25 PINE	1/AS 29	2.10	30	This corporation has liable Florida Statutes	ility for intangible. Yes \[\] No	tax under s 199.032,
	9. Name and Address	s of Current Regis	stered Agent		10. Name and Address of		d Agent
				81 Name			
	OHN B III			82 Street Add	dress (P.O. Box Number is Not A	cceptable)	
Z301 N. TAMPA F	ALBANY AVE.			63			
IAMPA	rL 33007			63			
				84 City		Fi	85 Zip Code
	to the provisions of Section	ne 607 0502 and 60	7.4500 51 11 01 1	 	oration submits this statement for	*ha a	
I. Fursuant i	to the broading of accion	is our look and ou	7.1508, Florida Statu	ries, the above-named coro			
					oration solutilis this statement for lard of directors. I hereby accept t	the appointment a	is registered agent. I am
familiar wi	red agent, or both, in the Sith, and accept the obligation				eard of directors. Thereby accept t	the appointment a	s registered agent. I am
familiar wi	th, and accept the obligation	ons of, Section 607.	o505, Florida Statute	IZEO by the corporation's bo OS. NOTE: Registered Agent signature requi	and of directors. Thereby accept t	the appointment a	s registered agent. I am
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SIGNATURE: _

ATURE AND TYPES OF HINDED NAME OF GOMING OFFICER OR DIRECTOR

4/16/96 813 536 5 45/

CR2E034 (12/95)