FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000074346 (5)

SRT SUPPLY, INC.

SIGNATURE:

Principal Place of Business Mailing Address 4450 60TH AVENUE, N. 4450 60TH AVENUE, N.										
ST. PETERSBURG FL 33714 ST. PETERSBURG FL 337										
US		US		<u>.</u>	:	3. Date Incorporated or Qualified 10/10/1994	3a. Da	te of La 3/199		port
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		_	 !	lied For
Sule, Apt.	#, OIC	Suite, Apt. #, etc.				59-3281291		\$8.		Applicable dditional
22		27				5. Certificate of Status Desired			e Req	
City & State	e	City & State				6. Election Campaign Financing		\$5	.00 h	Лау Ве
23 Zip	Country	28	Caund		·····	Trust Fund Contribution			ded to	
24	25	Lance to the second sec	Count	у		8. This corporation has liability for i	ntangible] Yes = [ier s. 1	199.032
<u>1</u>	9. Name and Address of Curre		301			10. Name and Address of New Re				
WIEF	R, JOHN B III		8	1	Name			· E		
	N. ALBANY AVE.		8	2	Street Addr	ess (P.O. Box Number is Not Acceptab	le)			
TAMI	PA FL 33607									
			8	3						
			8	4	City		P** 1	85	Zip Co	ode
11 Purement	to the provisions of Sections 607.050	12 and 607 1508. Florida Statuta	s the abo	<u></u>	namad aara	oration submits this statement for the p	FL			
SIGNATURE.	im familiar with, and accept the oblig Signatur, bijued in proteoring to displaced ag OFFICERS AN					ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIREC	TORS	IN 12
TOTUE	D	DELETE	1 1 TITLE	-				Char		Addition
NAME	WIER, JOHN B III		1 2 NAM	E						
STREET ADDRESS	4450 60TH AVENUE, NORTH		13 STRE	ET /	ADDRESS					
CITY-S1-ZIF TITLE	ST. PETERSBURG FL	DELETE	1.4 CiTY -	_	- ZIP			Chai		Addition
NAME	PVST WIER, JOHN & III	precie	21 TITLE 22 NAME					UNAI	ige	AUGIIIOII
STREET ADDRESS	4450 60TH AVENUE,N.			2 3 STREET ADDRESS						
City+St-ZP	ST. PETERSBURG FL		2 4 DITY							
F'TLF	VIEVE ECAT (ALL) Add for Exchange on the control of	DELETE	3 1 TITLE					Char	nge	Addition
NAME			3 2 NAM	E						
STREET ADDRESS			3 3 STRE	ET #	ADDRESS					,
CHTY-ST-7IF TITLE		DELETE	3.4. CITY 4.1 YITLE		T- ZIP			0		Addition
NAME		EJ DULLE	4.1 INLE					Char	เกิด	Addition
STREET ADORESS					ADDRESS					
CITY-ST-ZIF			4.4 CITY							
TITLE		DELETE	5.1 TITLE	_				☐ Char	ige	Addition
NAMÉ			5.2 NAME	E						
STREET ADDRESS			5.3 STREE		1					
CHY+ST-ZIP	<u> </u>	DELETE	5.4 CITY		- ZIP		·········			Address.
TITLE NAME		L UELETE	6.1 TITLE					Char	кje	Addition
NAME STREET ADDRESS			6.2 NAME		ADDRECC					
CITY-ST-ZIF			6.3 SYREI 6.4 CITY-							
14. I do heret	by certify that the information supplie	d with this filing does not qualify	for the ex	æn	notion stated	in Section 119.07(3)(i), Florida Statutes	. I further	certify	that th	ıe
Informal o	in indicated on this annual report or (supplemental annual report is tru r the receiver or trustee empowe	ie and acc red to exe	OI II	tedt bag alet	my signature shall have the same legal t as required by Chapter 607. Florida Si	offent on	if made		ar aathi that l