

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jan 30, 1999 8:00am  
Secretary of State

01-30-1999 90003 007 \*\*\*150.00

DOCUMENT # P94000077196

1. Corporation Name  
CORPORATE SUPPLY, INC.

Principal Place of Business

13540 GRANVILLE AVENUE  
CLERMONT FL 34711  
US

Mailing Address

17801 BONNIEVISTA CT  
WINTER GARDEN FL 34786  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1994

4. FEI Number

59-3274536

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BRUNS, KAREN  
17,801 BONNIEVISTA COURT  
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME DIAZ DE ARCE, DAVID  
STREET ADDRESS 2185 JAMES STREET  
CITY-ST-ZIP ST CLOUD FL 34771

TITLE D ☐ DELETE  
NAME LOUGHEED, R ALLEN  
STREET ADDRESS DEER ISLAND CIRCLE  
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE D ☐ DELETE  
NAME BRUNS, KAREN  
STREET ADDRESS 17,801 BONNIEVISTA COURT  
CITY-ST-ZIP WINTER GARDEN FL

TITLE D ☐ DELETE  
NAME BRUNS, ALAN L  
STREET ADDRESS 17801 BONNIEVISTA COURT  
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE D ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/99

(407) 656-0467

Date

Daytime Phone #

CR2E034 (1/98)