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 # **P95000005449 (0)**

1. Corporation Name

PROFESSIONAL SUPPLY OF LARGO, INC.

Principal Place of Business	Mailing Address
550 EAST BAY DRIVE LARGO FL 34640	550 EAST BAY DRIVE LARGO FL 34640

3. Date Incorporated or Qualified: **01/19/1995**

3a. Date of Last Report:

4. FEI Number: **59-3293813** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Electronic Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 / County: 25	Zip: 29 / County: 30

9. Name and Address of Current Registered Agent

JERNIGAN, ROBERT J
550 EAST BAY DRIVE
LARGO FL 34640

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 Section 607.1005, Florida Statutes, this alternative name corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Since 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	JERNIGAN, ROBERT J	
STREET ADDRESS	550 EAST BAY DR.	
CITY-ST-ZIP	LARGO FL 34640	
TITLE	D	☐ DELETE
NAME	LEE, BARRY J	
STREET ADDRESS	550 EAST BAY DR.	
CITY-ST-ZIP	LARGO FL 34640	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS OF ANY OFFICERS AND DIRECTORS IN 12

1. TITLE		☐ Change ☐ Addition
1a. NAME		
1b. STREET ADDRESS		
1c. CITY-ST-ZIP		
2. TITLE		☐ Change ☐ Addition
2a. NAME		
2b. STREET ADDRESS		
2c. CITY-ST-ZIP		
3. TITLE		☐ Change ☐ Addition
3a. NAME		
3b. STREET ADDRESS		
3c. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
4a. NAME		
4b. STREET ADDRESS		
4c. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
5a. NAME		
5b. STREET ADDRESS		
5c. CITY-ST-ZIP		
6. TITLE		☐ Change ☐ Addition
6a. NAME		
6b. STREET ADDRESS		
6c. CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate. For profit corporations only, I further certify that I am familiar with and authorize the electronic transfer of funds for the amount due. 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 with an address, if applicable, for each position listed. A manager must also sign.

SIGNATURE: X Robert J. Jernigan ROBERT J. JERNIGAN V.P. 3/21/96 813 539-8647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR