

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000019034

Entity Name: AMICA SUPPLY COMPANY

FILED  
Mar 10, 2011  
Secretary of State

**Current Principal Place of Business:**

4019 IONIA ST  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

4019 IONIA ST  
JACKSONVILLE, FL 32206 US

**Current Mailing Address:**

PO BOX 5687  
JACKSONVILLE, FL 322475687

**New Mailing Address:**

PO BOX 5687  
JACKSONVILLE, FL 32247 US

FEI Number: 59-3305755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REEVES, JOHN D JR.  
4019 IONIA ST  
JACKSONVILLE, FL 32206 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PDT  
Name: REEVES, JOHN D JR.  
Address: 2081 VELA NORTE CIR  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: VS  
Name: REEVES, PATRICIA A  
Address: 2081 VELA NORTE CIRCLE  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN D. REEVES, JR.

PRES

03/10/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date