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FILED

Jan 27 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030412 (7)

1. Corporation Name

1ST CHOICE COMPONENTS, INC.

Principal Place of Business

2619 ENTERPRISE RD.
CLEARWATER FL 34623

Mailing Address

2619 ENTERPRISE RD.
CLEARWATER FL 34623-1106

3. Date Incorporated or Qualified

04/19/1995

3a. Date of Last Report

03/18/1996

2. Principal Place of Business

21 10368 Naranja St.

Suite, Apt. #, etc.

22

City & State

23 Seminole, FL

Zip

24 33772

Country

25 Pinellas

2a. Mailing Address

26 Po Box 84a3

Suite, Apt. #, etc.

27

City & State

28 Clearwater, FL

Zip

29 34618

Country

30 Pinellas

4. FEI Number

59-3308918

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POUNZAK, DAVID R
200 CENTRAL AVENUE
BARNETT TOWER, 20TH FLOOR
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name Alison R. Lipscomb

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

10368 Naranja St

83

84 City Seminole

FL

85 Zip Code

33772

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 obligation of, Section 607.0505, Florida Statutes

SIGNATURE: Alison R. Lipscomb

Alison R. Lipscomb

1-18-1997

Signature: Typed or printed name of registered agent acceptable if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, STEPHEN P
STREET ADDRESS 11880 68TH STREET NORTH
CITY - ST - ZIP LARGO FL 34643☒ DELETETITLE D
NAME Alison R. Lipscomb
STREET ADDRESS 10368 Naranja St.
CITY - ST - ZIP Seminole, FL 33772☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

14. I do 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.

SIGNATURE: Alison R. Lipscomb Alison R. Lipscomb

1-18-1997 813-789-7234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)