

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

FILED
Apr 29, 1996 08:00 AM
Secretary of State

DOCUMENT # **P95000046247 (9)**

1. Corporation Name

BOTTOM LINE SUPPLY, INC.



Principal Place of Business

**817 49TH ST. SOUTH
ST PETERSBURG FL 33707**

Mailing Address

**817 49TH ST. SOUTH
ST PETERSBURG FL 33707**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State
Gulfport FL

24 Zip **33707** **25** Country **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State
Gulfport FL

29 Zip **33707** **30** Country **USA**

3. Date Incorporated or Qualified

06/09/1995

3a. Date of Last Report

4. FEI Number

54-3316091

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 has liability for intangible tax under s. 199.032.
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**JORGENSEN, DEBRA S
4920 38TH WAY SOUTH #204
ST. PETERSBURG FL 33711**

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 not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DIGNEO, ENZO**
STREET ADDRESS **5587 MENNEREVIL**
CITY - ST - ZIP **ST LEONARD, QUEBEC CA, H1S1S9**

TITLE **DV** ☒ DELETE
NAME **BURT, GEORGE E**
STREET ADDRESS **4849 48TH AVE S.**
CITY - ST - ZIP **ST PETERSBURG FL 33711**

TITLE **DST** ☐ DELETE
NAME **MCCLELLAND, E. DEMPSEY**
STREET ADDRESS **4801 37TH ST. SOUTH**
CITY - ST - ZIP **ST PETERSBURG FL 33711**

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/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

2.1 TITLE **DV** ☒ Change ☒ Addition
2.2 NAME **DIGNEO, ENZO**
2.3 STREET ADDRESS **5587 Mennerevil**
2.4 CITY - ST - ZIP **ST LEONARD, Quebec CA H1S1S9**

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

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96
Date

813 328 7499
Daytime Phone

CR2E034 (12/95)