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 # P95000053795 (7)

1. Corporation Name
LAFAYETTE SUPPLY CORPORATION

Principal Place of Business
261 ALTERNATE 19
SUITE B
PALM HARBOR FL 34689

Mailing Address
261 ALTERNATE 19
SUITE B
PALM HARBOR FL 34689

3. Date Incorporated or Qualified: 07/07/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 504 S. Florida Ave.
Suite, Apt. #, etc.
22 #242
City & State
23 Tarpon Springs, FL
Zip 24 34689 Country 25 US

2a. Mailing Address
26 504 S. Florida Ave.
Suite, Apt. #, etc.
27 #242
City & State
28 Tarpon Springs, FL
Zip 29 34689 Country 30 US

4. FEI Number: 59-3304809 ☐ 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

LABRECQUE,
261 ALTERNATE 19
SUITE B
PALM HARBOR FL 34689

10. Name and Address of New Registered Agent

81 Name: Rose M. Jenkins
82 Street Address (P.O. Box Number is Not Acceptable): 1103 Florida Ave.
83 Suite 4
84 City: Palm Harbor FL 85 Zip Code: 34683

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: Rose M. Jenkins (signature) Rose M. jenkins 5/1/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KERVRANN, DIDIER A		1.2 NAME		
STREET ADDRESS	504 SOUTH FLORIDA AVE. #242		1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME			2.2 NAME	Adeline Balestrieri	
STREET ADDRESS			2.3 STREET ADDRESS	504 S. Florida Ave., #242	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: D. Kervrann (signature) MAY 01 96 937-1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT DIDIER A KERVRANN