

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 10 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Matheson Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P96000000615 (0)

1. Corporation Name
DIABETIC SUPPLY, INC.

Principal Place of Business

7853 133RD RD.
LIVE OAK FL
US

Mailing Address

P O BOX 6127
LIVE OAK FL 32060
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30 32064

g. Name and Address of Current Registered Agent

SHIREY, PATRICIA
7853 133RD ROAD
LIVE OAK FL 32060

3. Date Incorporated or Qualified

01/02/1996

4. FEI Number

59-3357412

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

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

32060

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: Patricia Shirey, PATRICIA SHIREY, President

2/17/98

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SHIREY, RICHARD | |
| STREET ADDRESS | ROUTE 7, BOX 477 | |
| CITY-ST-ZIP | LIVE OAK FL 32060 | |

| | | |
|----------------|-------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SHIREY, PATRICIA | |
| STREET ADDRESS | ROUTE 7, BOX 477 | |
| CITY-ST-ZIP | LIVE OAK FL 32060 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Shirey Richard | |
| 1.3 STREET ADDRESS | 7853 133rd Road | |
| 1.4 CITY-ST-ZIP | LIVE OAK, FL 32060 | |

| | | |
|--------------------|--------------------|--|
| 2.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | SHIREY, PATRICIA | |
| 2.3 STREET ADDRESS | 7853 133rd Rd | |
| 2.4 CITY-ST-ZIP | LIVE OAK, FL 32060 | |

| | | |
|--------------------|------------------------------------|--|
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Amber BLAND | |
| 3.3 STREET ADDRESS | U.C.F. (N.A.) | |
| 3.4 CITY-ST-ZIP | P.O. Box 166028, Orlando, FL 32816 | |

| | | |
|--------------------|--------------------|--|
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Dois J. Murray | |
| 4.3 STREET ADDRESS | 9664 85th Rd | |
| 4.4 CITY-ST-ZIP | LIVE OAK, FL 32060 | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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: Patricia Shirey

PATRICIA SHIREY 2/17/98 904 362-4505

CR2E034 (10/97)