Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90091 020 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000069513

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

ANN'S II	NDUSTRIAL SUPPLY & TOC	DL REPAIR, INC.					
Principal Place	e of Business	Mailing Address			- F 1005100E: (SE )USIO UNIT UNIT OUT OUT OUT OUT OUT OUT OUT OUT OUT OU	ėjita jajei aria	1 11000 1111 1001
4210 HIGHWAY JACKSONVILLE		4210 HIGHWAY AVENUE JACKSONVILLE FL 32254					
BHONOONTIELL	1 6 02204	•			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 08/19/1996		
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-3399450	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional
22		27			5. Certificate by Citation Doomico	Fee R	equired
City & State	ē	City & State		-	6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Int		
24	25	29 30	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	Agent	
41411	I, EVEANN B		81	Name			
		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		1	
4210 HIGHWAY AVENUE							
JAC	KSONVILLE FL 32254		83				
			84	City	FL	85 Zip	Code
44 Durauant							e ronietored
office or n	to the provisions of Sections 607.050.  egistered agent, or both, in the State or familiar with, and accept the obligat  Signature, typed or printed name of registered agen	of Florida. Such change was autitions of, Section 607.0505, Florid	a Statutes.	e corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoint when reinstating)  DATE	ntment as r	s registered egistered
office or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agen	of Florida. Such change was autitions of, Section 607.0505, Florid	a Statutes.	e corporation	II S Boald of directors. Thereby accept the appor	ND DIRECT	ORS IN 12
office or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agen	of Florida. Such change was autritions of, Section 607.0505, Florid	a Statutes.	e corporation	when reinstating)  DATE		ORS IN 12
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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 corperation 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 apidless, with all other like empowered. ess, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

**SIGNATURE** 

Change

Addition