SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000082177 (2)

INTERNATIONAL SOURCE & SUPPLY, INC.

Principal Place of Business

Mailing Address

5405 ORTEGA BLVD. JACKSONVILLE FL 32210 5405 ORTEGA BLVD. JACKSONVILLE FL 32210

FILED Jul 28 1997 8:00am Secretary of State



904-384-8255

07/17/07

Wildlight Color of the Color of				DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
					 Date Incorporated or Qualified 10/04/1996 	3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 ABOVE CORRECT		26 ABOVE CORRECT			59-3402513	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has pai	
24	25 29 30		30	Personal Property Tax due June 30. XYes No		
•	g. Name and Address of Current	t Registered Agent			10. Name and Address of New Reg	sistered Agent
ZIEGLER, HENRY T				81 Name ABOVE CORRECT		
	105 ORTEGA BLVD.				Address (P.O. Box Number is Not Acceptab	le)
JA	CKSONVILLE FL 32210					
			83	3		
			84	4 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 chango 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 ager			gent signature	re required when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	COYNE, ANN	☐ DELETE	1.1 TITLE			L. Change L. Addition
NAME	5405 ORTEGA BLVD.		1.2 NAME			
STREET ADDRESS	JACKSONVILLE FL 32210			et address		
CITY - ST - ZIP	JACKSUNVILLE PL 322 IU	T DELETE	1.4 C/TY-			
TITLE	PRESIDENT	☐ DELETE	217ITLE			L Change L Addition
NAME	HENRY T. ZIEGLE	ER	2.2 NAME			
STREET ADDRESS	5405 ORTEGA BLV	m.		et address		
CITY-ST-ZIP	JACKSONVILLE, F	L 32210	2 4 017 Y			
TITLE	_	DELETE	31 TITLE			L Change L Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREE	et address		
CITY-\$T-ZIP		Dr. Fr.	3 4. CITY		<u> </u>	Change Addition
TITLE		☐ DELETE	4.1 TITLE			Change L Addition
NAME			4 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		I Delete	4.4 CITY-		<u> </u>	Change Addition
TITLE		DELETE	51 TITLE			Fill pirange Fill Worlligan
NAME			5.2 NAME			
STREET ADDRESS				FT ADDRESS		
CITY-ST-ZiP	ļ	T DELETE	5.4 CITY -			Change Addition
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	by costifu that the information as a second	with this filling does not excell	6.4 City-	ST-ZIP	stated in Section 110 07/2V/). Elevide Statute	e I further certifu that the
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 caccurate 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. 904-384-8255						