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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

JACKSONVILLE FL 32217

SUITE 2

3811 UNIVERSITY BLVD. WEST



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000094008 (5)**

THE SUPPLY SOURCE, INC.

Mailing Address

3811 UNIVERSITY BLVD. WEST SUITE 2 JACKSONVILLE FL 32217-2234

FILED May 07 1997 8:00am Secretary of State



1/20/97

					3. Date Incorporated or Qualified 11/13/1996 3a. Date of Last Report	
2. Principal P	Place of Business	2a. Mailing Address 26			4. FEI Number Applied For Sq - 34/12_389 Applied For Not Applied	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Cortificate of Status Desired S8.75 Additiona Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country 25	7 _(p)	Country 30	,	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered Agent	
	TURSBERG, ROBERT G		81	Name		
	11 UNIVERSITY BLVD. WEST		B2	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
	JITE 2		0.1170[7]		addition (i.e., box homes to hor hoodings)	
JA	CKSONVILLE FL 32217		83			
			84	City	FL 85 7ip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stati	utes, the above	e-named co	orporation submits this statement for the purpose of changing its register tration's board of directors. I hereby accept the appointment as register	
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505. F	lorida Statutes	5.	Taxono board or anocards. Thorony accopy the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ag	ert and tise if applicable (NC	DIT Hegistered Apr	rit signature re	opined what reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		☐ DELETE	11 TITLE	1	President Change Addi	
NAME			1.2 NAME		Robert 6. Styrsburg	
STREET ADDRESS			13 STREET	ADDRESS	3811 University BUN west - Suce 2	
CITY-ST-ZIP			14 C/(Y+S	31 - ZIP	3811 University BUT west - Sure 2 Jacksoniale Per 32217	
TITLE		L DELETE	2.1 THLE		Science Change Change Change	
NAME			2.2 NAME		Cashera T. Stursten	
STREET ADDRESS			2 3 STREET	ADDRESS	384 Universe Blid-was Shote a	
CITY-ST-ZIP			2.4 CiTY-1	I .	Jacksmille, FL 32217	
TITLE		L DELETE	3.1 THILE		Change Addi	
NAME			3.2 NAME			
STREET ADORESS		4	3 3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CiTY - 5	S1 - 7(P		
TITLE		☐ DELETE	4.1 TOLE		Change Addi	
NAME			4 2 NAME			
STREET ADDRESS			4.3 \$1REE1	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	SI - 710°		
TITLE		DELETE	5.1 1HLt		Change Addi	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY - ST - ZIP			54 CiTY-S	91 - 21P		
TITLE		DELF 1E	61 TATLE		Change Addi	
NAME	1		6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 DITY - S			
14. I do here	by certify that the information supplied	d with this filing does not qua	ility for the exc	mption stat	ted in Section 119 07(3)(i). Florida Statutes. I further certify that the	
l am an o	on moleated on this annual report or sofficer or director of the corporation of the Block 12 or Block 13 if changes, o	r the receiver or trustee empc	wered to exec	nate and tr sule this rep	hat my signature shall have the same legal effect as if made under eath; port as required by Chapter 607, Florida Statutes; and that my name	