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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000096638 (7)

J.D. INDUSTRIAL SUPPLIES, INC.

Principal	Place	of	Busir	1055
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Mailing Address

2517 NORTHFIELD LANE CLEARWATER FL 34621 2517 NORTHFIELD LANE CLEARWATER FL 34621-259

FILED Apr 29 1997 8:00am Secretary of State



CLEARWATER FL 34821		CLEARWATER FL 34621-2595							
<u> </u>						3. Date Incorporated or Qualified 11/26/1996	3a. Date	of Last	Report
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		7 7	Applied For
21	_	26				59-3412329		1	lot Applicable
—		Suite. Apt. #, etc.). Apt. #, elc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	le	City & State				Election Campaign Financing Trust Fund Contribution	П		D May Be
Zip	Country	7 _{IP}	1 0	country	/	8. This corporation has liability for in	ntangible ta		
24	25	29	30			1 **	Yes		3. 100.002.,
	g, Name and Address of Currer		1001			10. Name and Address of New Reg			
WOI	LETT, FRANKLYN J	<u> </u>		81	Name				
	SUNSET POINT ROAD		- 1					·	
	ARWATER FL 34619			82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)		{
, CLE	MANAIER LE 34018			83				-	
				00					ļ
				84	City		FL	85 Zıp	Code
44 0	16-4	90 1 CO7 45 00 F1- 14 C4-4							
office or i agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was ations of, Section 607.0505, F	authori Iorida S	zed by Statutes	y the corpora s.	poration submits this statement for the pution's board of directors. I hereby accep	t the appoin	ntment a	s registered
SIGNATURE	Signature typed or printed name of rog stored age	vol and title if applicable (NC	II Regis	lered Age	ort signature requ	red when reinstating) .	DATE		
12.		D DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PSTD	DELETE	1.	1 TITLE				Change	Addition
NAME	WILCOX, DAVID		1.	2 NAME	})
STREET ADDRESS	2517 NORTHFIELD LANE		1.	3 STREET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34621			4 CDY- S	31 - 712				
TITLE		DELETE		1 TITLE				Change	Addition
NAME			2.	2 NAME	İ				i
STREET ADDRESS			2	3 STREET	ADDRESS				
CITY-ST-ZIP				4 OHY-					
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NAME	\		. E	2 NAME			_		
STREET ADDRESS					AUDRESS				
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CITY+ST-ZIP TITLE		DELETE		4. UHY-S 1 TITLE	31 · ZII'		Т	Change	Addition
NAME				2 NAME	ļ		L-	- Andulide	L
			1		4000000				
STREET ADDRESS					ADDRESS				
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TITLE		☐ DELE1E	ı	1 TITLE	ļ			Change	☐ Addition
NAME			- 1	2 NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	6	1 TITLE	ļ		L	Change	Addition
RAME			6.	2 NAME					
STREET ADDRESS			6	3 STREET	ADDRESS				
CITY-ST-ZIP			6	4 CHY+S	11 - ZIP				
	by portify that the information or make	d with this films door not aug	tife for t	ha ove	motion state	d in Contine 110 07/2V/A Cleride Ctabutes	1 further o	artifu the	

In a nereby certify that the information supplies with this timing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, Flurther certify that the information indicated on this angust report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the coproration of 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 attachappy), with an address.

SIGNATURE:

Jan Giler

4/21/97

873-725-1198