

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90267 032 \*\*\*150.00

DOCUMENT # P96000096638

1. Corporation Name  
J.D. INDUSTRIAL SUPPLIES, INC.

Principal Place of Business  
2517 NORTHFIELD LANE  
CLEARWATER FL 34621

Mailing Address  
2517 NORTHFIELD LANE  
CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1996

4. FEI Number  
59-3412329

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 the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 28 SANIBEL DRIVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 28 SANIBEL DRIVE  
Suite, Apt. #, etc.

City & State

23 FAIRPORT, NY

City & State

28 FAIRPORT, NY

Zip

24 14450

Country

25 USA

Zip

29 14450

Country

30 USA

9. Name and Address of Current Registered Agent

WOLLETT, FRANKLYN J  
2790 SUNSET POINT ROAD  
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name  
KATHLEEN P. LINDEMANN, E.A.

82 Street Address (P.O. Box Number is Not Acceptable)  
1467 S. MISSOURI AVENUE

83

84 City

CLEARWATER

85

Zip Code

33756

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

*Kathleen P. Lindemann*  
Signature, typed or printed name of registered agent and title if applicable

KATHLEEN P. LINDEMANN

4-23-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME WILCOX, DAVID  
STREET ADDRESS 2517 NORTHFIELD LANE  
CITY-ST-ZIP CLEARWATER FL 34621

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

28 SANIBEL DRIVE  
FAIRPORT, NY 14450

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

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 119.073(1), 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, with a power of attorney.

SIGNATURE: *David Wilcox* DAVID WILCOX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/1999 (716) 377-5078

Daytime Phone #

CR2E034 (11/98)

0556833