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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mann
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000021352 (4)

1. Corporation Name

S & R SUPPLY COMPANY OF CITRUS CO., INC.

Principal Place of Business

1400 WEST STAFFORD ST.
HERNANDO FL 34442

Mailing Address

1400 WEST STAFFORD ST.
HERNANDO FL 34442



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number

59-3432644

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIRLEY, OLWEN E
6220 WEST CORPORATE OAKS DRIVE
CRYSTAL RIVER FL 34429

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME SHIRLEY, OLWEN E
STREET ADDRESS 1400 WEST STAFFORD ST.
CITY-ST-ZIP HERNANDO FL 34442

1.E ☐ Change ☐ Addition
1.ME
1.MEET ADDRESS
1.Y-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.E ☐ Change ☐ Addition
2.ME
2.MEET ADDRESS
2.Y-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.E ☐ Change ☐ Addition
3.ME
3.MEET ADDRESS
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STREET ADDRESS
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6.E ☐ Change ☐ Addition
6.ME
6.MEET ADDRESS
6.Y-ST-ZIP

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; 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.

SIGNATURE:

Olwen E Shirley

04/15/98

(352) 741-7677

CR2E034 (10/97)