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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000035181

INTEGRATED SUPPLY NETWORK, INC.

Principal Place	e of Business	•	Ma	aning Address											
2727 INTERSTATE DRIVE		272	2727 INTERSTATE DRIVE												
LAKELAND FL 3		·.	LAI	KELAND FL 33805						DO NOT H	OTE W		DACE :		
								<u> </u>		DO NOT W		I HIS S	PACE		
•		:						3.	. Date Incorport 04/18/1997		ed				
2. Principal Pl	lace of Busin	iess	2a.	. Mailing Address				4.	FEI Number					Applied F	or
21			26	•					59-344108	2				Not Appli	cable
Suite, Apt.	#, etc.		11	Suite, Apt. #, etc.									\$8.7	5 Addition	nal
22			_ 27						Certificate of S	status Desired	ш.		Fee	Required	9 +
City & State	e			City & State				6.	Election Camp	paign Financir			\$5.0	0 May B	е
23			28	28					Trust Fund Co	_	.a 🗆			d to Fees	
Zip		Country	11	Zîp	Cou	intry		8.	This corporati	on owes the c	urrent yea	ar Intai	ngible		
24		25	29		30	•			Personal Prop		•		Ŭ Yes	□No	
**!		and Address of Cu		stered Agent	1 1			10.	Name and A	ddress of Ne	w Registe	red A	gent		
						81	Name								
WEB	ER, FPJR										. 4 - 1.1 - 3				
2727	INTERSTA	TE DRIVE				82	Street A	Address (F	P.O. Box Numb	er is Not Acce	eptable)				
LAKE	ELAND FL 3	33805				83									
						••			_						
	٠.					84	City					FL	85 Z	p Code	
						i i				177				ita saalata	
44 =				07 4500 Florido 04-4	A 41										rod
11. Pursuant	to the provisi	ions of Sections 607	'.0502 and 6	07,1508, Florida Statu	ites, the a	bove bv	-named o	ration's bo	pard of director	statement for t s. I hereby ac	ne purpos cept the a	ppoint	nanging ment as	registere	ered d
office or re	egistered age	ent, or both, in the S	tate of Florid	07.1508, Florida Statu da. Such change was , Section 607.0505, Fl	authonzed	d by	the corpo	ration's bo	pard of director	statement for t s. I hereby ac	ne purpos cept the a	ppoint	nanging ment as	registere	ered d
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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 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 all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: X

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

941603-0777

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90026 038 ***150.00

☐ Addition