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FILED

Jan 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000039639 (4)

1. Corporation Name

VETERANS SUPPLY COMPANY, INC.

Principal Place of Business

Mailing Address

5070 WILD CINNAMON DRIVE  
MELBOURNE FL 32940

5070 WILD CINNAMON DRIVE  
MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

59-3444480

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional

Fee Required

6. Election Campaign Financing

X

\$5.00 May Be

Trust Fund Contribution

Yes

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

21

Suite, Apt. #, etc.

S/A

2a. Mailing Address

26

Suite, Apt. #, etc.

S/A

23. City & State

23

Zip

Country

25

27. City & State

27

Zip

Country

30

9. Name and Address of Current Registered Agent

BARRY, JIM  
6300 NORTH WICKHAM RD.  
SUITE 130  
MELBOURNE FL 32940



JAMES E. BARRY  
COMMISSION # CO 553674  
EXPIRES MAY 08, 2000  
BONDED THRU  
ATLANTIC BONDING CO., INC.

10. Name and Address of New Registered Agent

81. Name

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

84. City

FL

85. Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME IZON, DAWN E  
STREET ADDRESS 5070 WILD CINNAMON DRIVE  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE VPSD ☐ DELETE

NAME IZON, GEORGE W  
STREET ADDRESS 5070 WILD CINNAMON DRIVE  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE VP ☐ DELETE

NAME IZON, RYAN C  
STREET ADDRESS 5070 WILD CINNAMON DRIVE  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 119.07(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.

CR2E034 (10/97)