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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90127 002 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000041732**

1. Corporation Name
NORTHEAST FLORIDA SUPPLY, INC.



Principal Place of Business
 2175 KINGSLEY AVENUE
 SUITE 212
 ORANGE PARK FL 32073
 US

Mailing Address
 PO BOX 2249
 ORANGE PARK FL 32073
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	PO Box 2249	05/07/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				APPLIED FOR 59-3524517	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip			
24		29			
Country		Country			
25		30			
		US			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PISANI, MICHAEL A 561 COPPITT DRIVE EAST ORANGE PARK FL 32073				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISANI, MICHAEL A	1.2 NAME	
STREET ADDRESS	561 COPPITT DR EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	1.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISANI, DENISE L	2.2 NAME	V/S
STREET ADDRESS	561 COPPITT DR EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISANI, NICHOLAS J	3.2 NAME	
STREET ADDRESS	198 ARORA BLVD APT 308	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	T
STREET ADDRESS		4.3 STREET ADDRESS	GLENN BEVILLE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	561 COPPITT DRIVE EAST
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SCOTT M PISANI
STREET ADDRESS		5.3 STREET ADDRESS	561 COPPITT DRIVE EAST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	BEAN A PISANI
STREET ADDRESS		6.3 STREET ADDRESS	561 COPPITT DRIVE EAST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORANGE PARK, FL 32073

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.

SIGNATURE: Michael A. Pisani **MICHAEL A. PISANI** 4/28/99 (904) 213-0222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)