

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90190 047 ***150.00

DOCUMENT # P98000007015

1. Corporation Name
FIVEHALDEN SUPPLY, INC.

Principal Place of Business
1012 S.W. 78TH TERRACE
GAINESVILLE FL 32607

Mailing Address
1012 S.W. 78TH TERRACE
GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/22/1998

4. FEI Number
54-3488028

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 5914 RIDGE ROAD
Suite, Apt. #, etc.

2a. Mailing Address
26 5914 RIDGE ROAD
Suite, Apt. #, etc.

22 City & State
23 Port Richey FL

27 City & State
28 Port Richey FL

24 Zip
341608

29 Zip
341608

9. Name and Address of Current Registered Agent
FIVECOAT, SCOTT A
1012 S.W. 78TH TERRACE
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent
81 Name
FIVECOAT, SCOTT A.
82 Street Address (R.O. Box Number is Not Acceptable)
8114 BLUE FINCH WAY
83
84 City
New Port Richey FL 85 Zip Code
34653

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
Scott A. Fivecoat

DATE
1-20-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	FIVECOAT, SCOTT A
STREET ADDRESS	1012 S.W. 78TH TERRACE
CITY-ST-ZIP	GAINESVILLE FL 32607
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SECRETARY / TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FIVECOAT, SCOTT A
1.3 STREET ADDRESS	8114 BLUE FINCH WAY
1.4 CITY-ST-ZIP	NEWPORT RICHEY, FL 34653
2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALLEN, DOUGLAS W.
2.3 STREET ADDRESS	5640 S. SEA OTTER PATH
2.4 CITY-ST-ZIP	HOMOSASSO, FL 34448
3.1 TITLE	COMPTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALLEN, LISA A.
3.3 STREET ADDRESS	5640 S. SEA OTTER PATH
3.4 CITY-ST-ZIP	HOMOSASSO, FL 34448
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

LISA A. ALLEN

DATE
1-20-99

DAYTIME PHONE #
727-817-0248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (11/98)

0062705