

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S33541** (1)

1. Corporation Name
ASSOCIATED SUPPLIES UNLIMITED, NC.



Principal Place of Business: **1349 WEST OLIVE STREET LAKELAND FL 33801**
Mailing Address: **1349 WEST OLIVE STREET LAKELAND FL 33801**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/21/1991	3a. Date of Last Report 02/13/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-3051398	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ODOM, OWEN EVERETT 1349 WEST OLIVE STREET LAKELAND FL 33802		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	P ODOM, OWEN EVERETT	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	4211 SPRING LANE LAKELAND FL	2. NAME	
3. CITY-STATE-ZIP	ST	3. STREET ADDRESS	
4. TITLE	<input type="checkbox"/> DELETE	4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	WILKEY, CARL	5. TITLE	
6. STREET ADDRESS	160 S. PENN AVENUE LAKE ALFRED FL	6. NAME	
7. CITY-STATE-ZIP	<input type="checkbox"/> DELETE	7. STREET ADDRESS	
8. TITLE	<input type="checkbox"/> DELETE	8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME		9. TITLE	
10. STREET ADDRESS		10. NAME	
11. CITY-STATE-ZIP		11. STREET ADDRESS	
12. TITLE	<input type="checkbox"/> DELETE	12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. TITLE	
14. STREET ADDRESS		14. NAME	
15. CITY-STATE-ZIP		15. STREET ADDRESS	
16. TITLE	<input type="checkbox"/> DELETE	16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME		17. TITLE	
18. STREET ADDRESS		18. NAME	
19. CITY-STATE-ZIP		19. STREET ADDRESS	
20. TITLE	<input type="checkbox"/> DELETE	20. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Owen Everett Odom* **2-9-99** (941) **692-0598**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)