## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

tan Elements



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # S33541

ASSOCIATED SUPPLIES UNLIMITED, NC.

| Principal Place of Business Mailing Address  |  |  |  |   |  | BE DEDEN ENDEN DIEEN DIBEN BEDEN ENDEN  |
|--|--|--|--|---|--|---|
|  | 1  | •  |  |   |  |   |
| 1349 WEST OLIVE STREET 1349 WEST OLIVE STREET LAKELAND FL 33801 LAKELAND FL 33801  |  |  |  |   |  |   |
| LAKELAND FL  | 33801  | LAKELAND FL 33801  |  |   | DO NOT WRITE II  | N THIS SPACE  |
|  |  |  |  |   | 3. Date Incorporated or Qualifed   |   |
|  |  |  |  |   |  | •   |
|  |  | 10   |  |   | 02/21/1991   |   |
| 2. Principal F   | Place of Business  | 2a. Mailing Address  |  |   | 4. FEI Number  | Applied For   |
| 21   |  | 26   |  |   | 59-3051398   | Not Applicable  |
| Suite, Apt.  | . #, etc.  | Suite, Apt. #, etc.  |  |   | 5. Certificate of Status Desired   | \$8.75 Additional   |
| 22   |  | 27   |  |   | o. Controdic of Otatos Basilist  | Fee Required  |
| City & Sta   | ite .  | City & State   |  |   | 6. Election Campaign Financing   | \$5.00 May Be   |
| 23   |  | 28   |  |   | Trust Fund Contribution  | Added to Fees   |
| Zip  | Country  | Zip  | Coun   | ry  | 8. This corporation owes the current y   | ear Intangible  |
| 24   | 25   | 29   | 30   |   | Personal Property Tax.   | K∐Yes □No   |
| ,  | 9. Name and Address of Curren  | 1 T T T T T T T T T T T T T T T T T T T  | <u> </u>   |   | 10. Name and Address of New Regis  | tered Agent   |
|  | 13 - 13 A  |  | . {  | 1 Name  |  | ,   |
| ODO  | OM. OWEN EVERETT   |  | L  |   | •  |   |
| ASS 134  | 9 WEST OLIVE STREET  |  | .   {  | Street A  | Address (P.O. Box Number is Not Acceptable)  |   |
|  | ELAND FL 33802   | •  | ļ.   |   | to before to the date of the property of the second of the | n val final nich eine eine beiten eine eine final in eine eine eine eine eine eine eine                     |
| L)IV   | ILLONID I L 00002  |  |  | 3   |  |   |
| 900 C. C.  | <b>州等等区域。</b>  |  | 5  | 4 City  | 1 0.5 1 5 10 10 10 10 10 10 10 10 10 10 10 10 10   | 85 Zip Code   |
| An Andrew Mary Commerce of the | production of the second of th |  | [  |   |  | FL  |
| 11. Pursuant   | to the provisions of Sections 607.050  | 2 and 607.1508, Florida Statut   | es, the abo  | ve-named o  | corporation submits this statement for the purp  | ose of changing its registered  |
| office or  | registered agent, or both, in the State<br>am familiar with, and accept the obliga   | of Florida. Such change was a  | uthorized l  | y the corpo   | ration's board of directors. I hereby accept the   | appointment as registered   |
| auent. i a   | am iaminar with, and accept the obliga   |  |  |   |  |   |
| •  |  |  |  |   |  | •   |
| SIGNATURE  |  |  |  |   | autent when eninetating)   | ATE .   |
| SIGNATURE  | Signature, typed or printed name of registered agen  | nt and title if applicable. (NOTE  | Registered A   |   | quite minimum approximation and a second and | ATE RS AND DIRECTORS IN 12  |
| SIGNATURE  | Signature, typed or printed name of registered agen OFFICERS AN  | nt and title if applicable. (NOTE  | Registered A   | gent signature re   | ADDITIONS/CHANGES TO OFFICE  | RS AND DIRECTORS IN 12  |
| SIGNATURE 12. TITLE  | Signature, typed or printed name of registered ager  OFFICERS AN   | nt and title if applicable. (NOTE  | Registered A   | gent signature re   |  |   |
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| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Signature, typed or printed name of registered ager OFFICERS AN P ODOM, OWEN EVERETT 6111 YATES RD LAKELAND FL   | nt and title if applicable. (NOTE  ID DIRECTORS  DELETE .                      | 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY   | ent signature re  | ADDITIONS/CHANGES TO OFFICE  | RS AND DIRECTORS IN 12  |
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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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90069 026 \*\*\*150.00