

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 7:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S43784** (5)

1. Corporation Name

**THE ANTILLES SUPPLY COMPANY, INC.**

Principal Place of Business

**70 SW 91ST AVENUE #305  
PLANTATION FL 33324**

Mailing Address

**70 SW 91ST AVENUE #305  
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/08/1991**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**65-0257776**

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 qualifies for reduced fee under § 190.002,  
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**PATTON, MAUREEN  
70 SW 91ST AVENUE  
SUITE 305  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 607.0702 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 of person appointed as registered agent and their corporation)

(Signature of Registered Agent and their corporation after appointment)

(Date)

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, STATE, ZIP

**DP  
PATTON, GLADESTONE M SR  
70 SW 91ST AVE #305  
PLANTATION FL**

12.2

NAME

STREET ADDRESS

CITY, STATE, ZIP

**DV  
PATTON, GLADESTON, M. JR  
70 SW 91ST AVE #305  
PLANTATION FL**

12.3

NAME

STREET ADDRESS

CITY, STATE, ZIP

12.4

NAME

STREET ADDRESS

CITY, STATE, ZIP

12.5

NAME

STREET ADDRESS

CITY, STATE, ZIP

12.6

NAME

STREET ADDRESS

CITY, STATE, ZIP

12.7

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, STATE, ZIP

☐ Change

☐ Addition

13.2

NAME

STREET ADDRESS

CITY, STATE, ZIP

☐ Change

☐ Addition

13.3

NAME

STREET ADDRESS

CITY, STATE, ZIP

☐ Change

☐ Addition

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☐ Addition

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CITY, STATE, ZIP

☐ Change

☐ Addition

13.6

NAME

STREET ADDRESS

CITY, STATE, ZIP

☐ Change

☐ Addition

13.7

NAME

STREET ADDRESS

CITY, STATE, ZIP

☐ Change

☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplementary 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 file this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Maureen Patton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/1/95* *3054762489*  
(Signature Number)