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

DOCUMENT # **\$68656** 1. Corporation Name

STAR SUPPLY CO., INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90241 011 ***150.00



Principal Place of Business	Mailing Address		
2336 SE 13 COURT POMPANO BEACH FL 33062 US	2336 SE 13 COURT POMPANO BEACH FL 33062 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
2. Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country 24 25		untry	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes Monotonia Property Tax.
9. Name and Address of Current			10. Name and Address of New Registered Agent
WILSON, RICHARD B.	 	81 Name	
2336 SE 13TH COURT		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
POMPANO BEACH FL 33062		83	
	2a. Mailing Address		
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the a	above-named corpo	oration 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE WILSON, RICHARD B. 1.2 NAME NAME 2336 SE 13TH COURT STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ DELETE TITLE 2.1 TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

954-946-5440

CR2E034 (11/98)