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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V03788

MAGNUM SUPPLY CORP.

Principal Place of Business

(9)

Mailing Address

FILED May 06 1997 8:00am Secretary of State



P.O. BOX 75466 TAMPA FL 33675		P.O. BOX 75466 TAMPA FL 33675-0466					
					3. Date Incorporated or Qualified 01/03/1992	3e. Date of Last F 05/01/1996	Report
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		pplied For
21		26	26		59-3107207	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		F. Cartificate of Status Decised	хх \$8.75	Additional
22]		27	27		5. Certificate of Status Desired Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for in		s. 199.032,
24	25	29	30			Yes 🔀 No	·· -
	9. Name and Address of C	current Registered Agent		r	10. Name and Address of New Reg	lstered Agent	
	DY, PAULETTE N.		81	Name			
2402	2 5TH AVE		82	Street Add	Iress (P.O. Box Number is Not Acceptable	e)	
TAM	IPA FL 33605] _	`	·	
			83	3			
			64	City		 85 Z ₁ p	Code
			"	, Oily		FL S Z	Cooc
11. Pursuant office or a agent. I a	to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the	07.0502 and 607.1508, Florida Statut State of Florida. Such change was a obligations of, Section 607.0505, Flo	es, the abov authorized b orida Statute	re-named cor by the corpora ss.	poration submits this statement for the pi ition's board of directors. I hereby accep	urpose of changing i t the appointment as	ts registered registered
SIGNATURE							
	Signature, typed or printed name of registe			pont signature requ	ired when reinstating)	DATE	
12.	OFFICER	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	CATTO CONTINT	DECETE	1.1 TO LE			☐ Change	Addition
NAME	FALTUS, PHILLIP T.		1.2 NAME				
STREET ADDRESS	2402 5TH AVE		1.3 STREE	1 ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CHY-	ST-ZIP			
TITLE	VS	☐ DELETE	21 TITLE			Change	Addition
NAME	BRADY, N. PAULETTE		22 NAME				
STREET ADDRESS	2402 5TH AVE		2.3 STREE	F ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 CITY	· S1 · ZIP			
TITLE	T	XX DECETE	3.1 TITLE			Change	Addition
NAME	WEAVER, MURRAY		3.2 NAME				
STREET ADDRESS	2402 5TH AVE		3.3 S1REE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL		3.4. CITY	S1-7IP			
TITLE	8	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	BELL, CHARLES W		4. 2 NAMI	:			
STREET ADDRESS	2402 5TH AVENUE		43STREE	1 ADDRESS			
CITY-ST-ZIP	TAMPA FL		4.4 €(TY-	ST-71P			
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAM!				
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CITY-ST-ZIP			5.4 CITY -	\$1-7IP			
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 BTREE	1 ADDRESS			,
CITY-ST-ZIP			64 DITY				
	 				11 6 C 11 6 6 7 (6) (5) E 11 6 1 1		

I do 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.

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