

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V03842** (4)

1. Corporation Name
H.I.D. SUPPLY, INC.



Principal Place of Business
**1750 N FLA MANGO RD
402
WEST PALM BEACH FL 33409
US**

Mailing Address
**1750 N FLA MANGORD
STE 403
WPB FL 33409
US**

3. Date Incorporated or Qualified **01/03/1992** 3a. Date of Last Report **04/26/1995**

2. Principal Place of Business
21 **7354 Cent Ind Drive**

2a. Mailing Address
26 **SAME**

4. FEI Number **65-0303191** Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State
23 **Riviera Bch**

City & State
28 **SAME**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip
24 **33404**

Country
25 **U.S.**

Zip
29 **SAME**

Country
30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**TURNER, GEORGE C
1750 N. FLA. MANGO RD. #50@
STE 1600
W. PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name **CHRIS TURENNE**
82 Street Address (P.O. Box Number is Not Acceptable)
4449 Lacey Oak Dr
83
84 City **PB Gardens** FL 85 Zip Code **33410**

11. Pursuant to the provisions of Sections 607.0502 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 **Christopher J. Turenne** **Christopher J. Turenne** **4-18-96**
Date

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **TURENNE, GEORGE C**
STREET ADDRESS **1750 N RIA MANGO RD**
CITY - ST - ZIP **WPB FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President, Director** ☒ Change ☐ Addition
1.2 NAME **Christopher J. Turenne**
1.3 STREET ADDRESS **7354 Cent Ind Dr**
1.4 CITY - ST - ZIP **Riviera Bch, FL 33404**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 if changed, or on an attachment with an address.

SIGNATURE: **Christopher J. Turenne** **Christopher J. Turenne** **4/18/96** **407 842 6700**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone

CR2E034 (12/95)