

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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90225 033 \*\*\*150.00

DOCUMENT # V15454

1. Corporation Name

INDUSTRIAL SUPPLY & EQUIPMENT COMPANY, INC.

Principal Place of Business

445-26 SR 13  
STE 386  
FRUIT COVE FL 32259  
US

Mailing Address

1191 NORTH NATURE'S HAMMOCK ROAD  
FRUIT COVE FL 32259

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1992

4. FEI Number

59-3110898

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 445-26 SR 13

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 386

23 City & State

28 City & State

23 JACKSONVILLE FL

28 JACKSONVILLE FL

24 Zip

Country

29 Zip

Country

24 32259

25

29 32259

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAUPRE, GLENN L.  
1191 N. NATURE'S HAMMOCK RD.  
FRUIT COVE FL 32259

81 Name

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

83 445-26 SR 13

84 Suite 386

85 City

JACKSONVILLE

FL

85 Zip Code

32259

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST  
NAME BEAUPRE, GLENN L.  
STREET ADDRESS 1191 N. NATURE'S HAMMOCK  
CITY-ST-ZIP FRUIT COVE FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 445-26 SR 13, Ste 386  
1.4 CITY-ST-ZIP JACKSONVILLE FL 32259

☒ Change

☐ Addition

TITLE DC  
NAME BEAUPRE, GLENN L.  
STREET ADDRESS 1191 N. NATURE'S HAMMOCK  
CITY-ST-ZIP FRUIT COVE FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 445-26 SR 13, Ste 386  
2.4 CITY-ST-ZIP JACKSONVILLE FL 32259

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

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.

SIGNATURE:

BEAUPRE, GLENN L.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

Date

904 287 0042

Daytime Phone #

CR2E034 (11/98)

0049199