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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

V43705

(5)

1. Corporation Name					
JANITO	R'S SUPPLY DEPOT, INC	) )		 	DE BERLI BLERE BLEEF BLEEF BANKE BLEEF BLEEF BLEEF
Principal Place	of Business	Mailing Address			
·		16631 SCHEER BLVD			
16631 SCHEER BLVD HUDSON FL 34667-4237		HUDSON FL 34667-4237			
US		U\$		3. Date incorporated or Qualified	3a. Date of Last Report
				06/15/1992	04/21/1995
2. Principal Place of Business		2a. Malling Address		4. FEI Number	Applied For
21		26		59-3154997	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		Chu & State			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip :	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		s 🔲 No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New	Registered Agent
			81 Name L	OSAlie S. Leo	26.1889.
CARTER,	DAVID R.		82 Street Add	ress (P.O. Box Number is Not Accepta	bla) 👝 📗
	S. HIGHWAY 19	131 Scheer	Blog.		
NEW PO	RT RICHEY FL 34652		83		
			84 City	1, 3	85 Zip Code
		22 and COZ 1500 floride State	to the steer approximation of	1d LOW	ripose of changing its registered office
or registere	ed agent, or both, in the State of Flo	rida. Such change was authori:	zed by the corporation's boa	rd of directors. Thereby accept the ap	pointment as registered agent. I am
familiar witl	n, and accept the obligations of Sec		ميو- ا		4/2/96
SIGNATURE.	Signature, typed or printed name of registeren age	ot and the Hydraldic (	//sexo. ote: Bugotaren Agent squaturo rugino	o when recipitating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
THUE	DP	☐ DELETE	1 17/11/		Change Addition
NAME	STRALLY, DENNIS J.		1.2 NAME		
STREET ADDRESS	16631 SCHEER BLVD.		1.3 STREET ADDRESS		
CITY - S1 - ZIP	HUDSON FL STD	DELF16	2 1 THE		☐ Change ☐ Addition
TITLE NAME	LEGGIERE, ROSALIE S	DEET IL	22 NAME		
STREET ADORESS	16631 SCHEER BLVD.		2.3 STREET ADDRESS		
CITY-SI-ZIP	HUDSON FL		24 GHY-S*-7/P		
TITLE		DELETE	3 1 10 UF		Change Addition
ЭМАЛ			3.2 NAME		'
STREET ADDRESS			3.3 STHEET ADDRESS		
CI1Y - S1 - 7IP			3.4 GITY - ST - 7IP		
TITLE		DELETE	4.1 DIGE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-SI-7iP		[] DELETE	4.4 CHY-S1-ZIP 5.1 TH: E		Change Addition
TITLE NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-S1-7#		
117LE		DEFETE	6.17111.6		Change Addition
NAME			6.2 NAME		
STREE! ADDRESS			6 3 STREET ADDRESS		
CHY-ST-ZIP			€ 4 CHY+SI+ZIF		
cortify that	the information indicated on this an	oual report or supplemental an	nual report is true and accur-	for the exemption stated in Section 11 ate and that my signature shall have th	e same legal effect as if made under
oath; that I	am an officer or director of the corp Block 12 or Block 13 if changed, o	poration or the receiver or trust	ee empowered to execute th	is report as required by Chapter 607,	florida Statutes: and that my name
appears in	DIOUR TZ OF DIOUR TO IT CHANGED, O	i on a rattaoninent with an abt	.11 0000.		

SIGNATURE: \_

Li S. Jugan Ros Alie S. Legy Ilic, St 4/2/96
DETYPED OR PRINTED WAY SIGNING OFFICER OR DIRECTOR

(813)813-9203