

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
David B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **V59423**

(6)

1. Corporation Name

FORCE ONE SURPLUS, INC.

5 MAY - 1 PM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
6000 66TH ST. NORTH ST. PETERSBURG FL 33709		6000 66TH ST. NORTH ST. PETERSBURG FL 33709	
21. State Apt. # etc	22. City & State	23. Country	24. Zip
25. State Apt. # etc	26. City & State	27. Country	28. Zip
29. State Apt. # etc	30. City & State	31. Country	32. Zip

3. Date Incorporated or Qualified	3a. Date of Last Report
08/24/1992	06/10/1994
4. FEI Number	Applied For
59-3138716	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes ☒ No ☐

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH, WAYNE E. 6000 66TH STREET NORTH ST. PETERSBURG FL 33709		81. Name N/A 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code	

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(8), 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 607.06(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
NAME	PST SMITH, WAYNE E. 6000 66TH ST. NO. ST. PETERSBURG FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
COUNTRY		COUNTRY	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
COUNTRY		COUNTRY	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
COUNTRY		COUNTRY	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation of this record. I am not empowered to execute this report as required by Chapter 689, Florida Statutes, and that my name appears on Block 12, column 1, of a document on an attachment with an address.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

2-11-95

813-544-8004