

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000073794

Entity Name: STUDENT SUPPLY COMPANY**Current Principal Place of Business:**1106 HARRISON AVE. UNIT E
PANAMA CITY, FL 32401**Current Mailing Address:**P.O. BOX 1066
PANAMA CITY, FL 32402**FEI Number:** 46-2708290**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DREW, MICHAEL R
2310 W. BEACH DR.
PANAMA CITY, FL 32401 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	DREW, MICHAEL R
Address	P.O. BOX 1066
City-State-Zip:	PANAMA CITY FL 32402

Title	VP
Name	DREW, PATRICIA M
Address	P.O. BOX 1066
City-State-Zip:	PANAMA CITY FL 32402

Title	VP
Name	DREW, KATHY L
Address	P.O. BOX 1066
City-State-Zip:	PANAMA CITY FL 32402

Title	OFFICER
Name	DREW, MATTHEW L
Address	P.O. BOX 1066
City-State-Zip:	PANAMA CITY FL 32402

Title	OFFICER
Name	CLINE, JESSICA M
Address	P.O. BOX 1066
City-State-Zip:	PANAMA CITY FL 32402

Title	OFFICER
Name	DREW, SEAN M
Address	P.O. BOX 1066
City-State-Zip:	PANAMA CITY FL 32402

Title	OFFICER
Name	DREW, CHRISTOPHER J
Address	P.O. BOX 1066
City-State-Zip:	PANAMA CITY FL 32402

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL RORY DREW**PRESIDENT****01/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date