

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000055673

**Entity Name:** INDUSTRY DISTRIBUTION, INC.

**Current Principal Place of Business:**

1011 6TH AVE. SOUTH  
REAR  
LAKE WORTH, FL 33460

**Current Mailing Address:**

7125 WILSON ROAD  
WEST PALM BEACH, FL 33413 US

**FEI Number:** 65-0615863

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OLSSON, JORMA  
7125 WILSON ROAD  
WEST PALM BEACH, FL 33413 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           | PRES                  | Title           | SECRETARY/TREASURER   |
| Name            | OLSSON, JORMA         | Name            | OLSSON, PAIVI         |
| Address         | 1011 6TH AVENUE SOUTH | Address         | 1011 6TH AVENUE SOUTH |
| City-State-Zip: | LAKE WORTH FL 33460   | City-State-Zip: | LAKE WORTH FL 33460   |

*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: JORMA OLSSON

PRES

02/16/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date