

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortnam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S98570** (2)

1. Corporation Name  
**FORM-CO SUPPLY, INC.**



Principal Place of Business: P.O. BOX 24507, LAKELAND FL 33802  
Mailing Address: P.O. BOX 24507, LAKELAND FL 33802

3. Date Incorporated or Qualified: 12/03/1991  
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-3094404 Applied For: 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  
8. 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

SHAFFER, ALLEN G.  
1328 W. OLIVE STREET  
LAKELAND FL 33801

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	KOPESKY, DELLOS A	
STREET ADDRESS	22942 LEAFWOOD CT	
CITY-ST-ZIP	LAND-O-LAKES FL	
TITLE	V	DELETE
NAME	HENDRICK, GARY L.	
STREET ADDRESS	1245 HAYMARKET DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PD	DELETE
NAME	SHAFFER, ALLEN G.	
STREET ADDRESS	2703 ST. CLOUD OAKS DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	STD	DELETE
NAME	SHAFFER, CELIA W.	
STREET ADDRESS	2703 ST. CLOUD OAKS DR	
CITY-ST-ZIP	VALRICO FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Celia W Shaffer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 941-688-3540  
Date Daytime Phone

CR2E034 (12/95)