

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **169716** (8)

1. Corporation Name
BERT LOWE SUPPLY COMPANY



Principal Place of Business: **5402 E DIANA STREET, PO BOX 11517, TAMPA FL 33680**
Mailing Address: **5402 E DIANA STREET, PO BOX 11517, TAMPA FL 33680**

3. Date Incorporated or Qualified: **07/16/1952**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-0675666**
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

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

9. Name and Address of Current Registered Agent
**TIDWELL, ROBERT
1346 SUMMIT CHASE DR.
LAKELAND FL 33813**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TIDWELL, ROBERT	
STREET ADDRESS	1346 SUMMIT CHASE DR.	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HANDLEY, LEON H	
STREET ADDRESS	1621 SPRING LAKE DR.	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	JONES, R. P. JR.	
STREET ADDRESS	735 PARKVIEW PLACE	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HALL, STEVEN B CPA	
STREET ADDRESS	715 NORTH LAKE ELOISE DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PEREZ, J. F.	
STREET ADDRESS	607 ORANGE LAWN DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EADY, JOHN A	
STREET ADDRESS	8616 HARRISON RD	
CITY-ST-ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	600001786688
3.4 CITY-ST-ZIP	-04/19/96--01014--042 ***200.00
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ST
4.3 STREET ADDRESS	SOLOMON, TINA K.
4.4 CITY-ST-ZIP	9 LAKE ARROWHEAD DRIVE WINTER HAVEN, FL 33880
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 unchanged, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TINA K. SOLOMON
SECRETARY/TREASURER
DATE: **4/1/96**

CR2E034 (12/95)