


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33680-1517
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2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

3. Date Incorporated or Qualified 07/16/1952	3a. Date of Last Report 04/18/1996
4. FEI Number 59-0675666	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PO <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	SOLOMON, TINA K.
STREET ADDRESS	9 LAKE ARROWHEAD DR.
CITY-ST-ZIP	WINTER HAVEN FL 33880
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	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **SIGNATURE REQUIRED** **3/14/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)