

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

FILED

**Mar 09 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/16/1952	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-0675866	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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	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 of 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIDWELL, ROBERT	1.2 NAME	
STREET ADDRESS	1346 SUMMIT CHASE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33809	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLEY, LEON H	2.2 NAME	
STREET ADDRESS	1621 SPRING LAKE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32804	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, R. P. JR.	3.2 NAME	
STREET ADDRESS	735 PARKVIEW PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33801	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, TINA K.	4.2 NAME	
STREET ADDRESS	9 LAKE ARROWHEAD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, J. F.	5.2 NAME	
STREET ADDRESS	607 ORANGE LAWN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 33594	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EADY, JOHN A	6.2 NAME	
STREET ADDRESS	8616 HARRISON RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	

14. I 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; 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, on an attachment with an address.

SIGNATURE: *John Eady* Tina Solomon 1/21/98 (941)665-5601

CF2E034 (10/97)