

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90238 041 ***150.00

0403586

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 169716
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/16/1952	Applied For Not Applicable
4. FEI Number 59-0675666	
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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 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		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	TIDWELL, ROBERT	
STREET ADDRESS	1346 SUMMIT CHASE DR.	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	VD	
NAME	HANDLEY, LEON H	
STREET ADDRESS	1621 SPRING LAKE DR.	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	CD	
NAME	JONES, R. P. JR.	
STREET ADDRESS	735 PARKVIEW PLACE	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SOLOMON, TINA K.	
STREET ADDRESS	9 LAKE ARROWHEAD DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VD	
NAME	PEREZ, J. F.	
STREET ADDRESS	607 ORANGE LAWN DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	
NAME	EADY, JOHN A	
STREET ADDRESS	8616 HARRISON RD	
CITY-ST-ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	ST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	FITZGERALD, CHARLES E.		
4.3 STREET ADDRESS	2723 MEDULLA ROAD		
4.4 CITY-ST-ZIP	LAKELAND, FL 33811		
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
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 file 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, with all other lines empowered.

SIGNATURE: Charles E. Fitzgerald **FILED** 4-12-99 941665-5601
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)