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Mar 02 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** 302132 (6) **B & P SUPPLY INC** Principal Place of Business Mailing Address 2069 SCOTT AVE 2059 SCOTT AVE WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/21/1966 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 59-1117944 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζip Zip Country Country 8. This corporation owes or has paid the current year intangible □ No 24 25 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Ai Name VANDERWERF, WILLARD 2059 SCOTT AVE 82 Street Address (P.O. Box Number is Not Acceptable) W PLM BCH.F L 33409 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 Registered Agent signature regi when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE 1.1 TITLE VANDERWERF, W.J. NAME 1.2 NAME 13511 158TH STREET NORTH STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition 2.1 TITLE Change TITLE VANDERWERF, PATRICIA 2.2 NAME NAME 13511 158TH ST. N. 2.3 STREET ADDRESS STREET ADDRESS JUPITER FL CITY-ST-ZIP 2. 4 CiTY-ST-ZIP DELETE 31 TITLE Change ☐ Addition TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY ST-ZIP DELETE 61 TITLE Change ___ Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIF 14. Thereby 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 suppliemental armual 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 required on the required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (ctyringed, or on an attachment with an address.

FLORIDA DEPARTMENT OF STATE

FILED