

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

FILED
Apr 24 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 # 599692 (1)
1. Corporation Name
ARCO SUPPLY, INC.

Principal Place of Business 715 BARNETT DRIVE LAKE WORTH FL 33461-3317	Mailing Address 715 BARNETT DRIVE LAKE WORTH FL 33461-3317
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/02/1979		3a. Date of Last Report 04/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1887243		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent THIBADEAU, PAUL 249 ROYAL PALM WAY 4TH FLOOR PALM BEACH FL 33480				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPT	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition		
NAME	ALBA, ARTURO EDUARDO		1.2 NAME				
STREET ADDRESS	6600 WASHINGTON RD. 1801 N 10" ST		1.3 STREET ADDRESS				
CITY - ST - ZIP	WEST PALM BCH, FL 33400 LAKE WORTH, FL 33460		1.4 CITY - ST - ZIP				
TITLE	VPS	☒ DELETE	2.1 TITLE	☐ Change	☐ Addition		
NAME	ALBA, ANA M.		2.2 NAME				
STREET ADDRESS	6600 WASHINGTON RD.		2.3 STREET ADDRESS				
CITY - ST - ZIP	WEST PALM BEACH FL		2.4 CITY - ST - ZIP				
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP			3.4 CITY - ST - ZIP				
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			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: Arturo E. Alba 4-14-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #