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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H57167

(9)

CENTRAL SUPPLY COMPANY

FILED
May 14 1997 8:00am
Secretary of State

Principal Place of Business 515 FERGUSON DRIVE ORLANDO FL 32805	Mailing Address  200 S. ORANGE AVE. STE 2000 -ORLANDO FL 22001-2440-			
-	US		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2s. Mailing Address		<b>07/01/1985 4.</b> FEI Number	05/01/1996 Applied For
21	26		59-2549764	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	27			Fee Required
23	City & State	EL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	
2425	29 <b>3280/-3432</b> 3	<b>10</b>	Florida Statutes	Yes No
9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Reg	Jistered Agent
A.G.C. CO.		81 Name		
200 S. ORANGE AVE.		82 Street Add	lress (P.O. Box Number is Not Acceptabl	le)
23RD FLOOR		83		
ORLANDO FL 32801				
		B4 City		FL 85 Zip Code
Pursuant to the provisions of Sections 607. office or registered agent, or both, in the Stagent. I am familiar with, and accept the observation of Signature, typed or punted name of registered particles.      OFFICERS.  TILE  P		Registered Agent signature requests.		DA1f.
STEVEN ERVIN STREET ADDRESS CITY-ST-ZIP ORLANDO FL		1.2 NAME 1.3 STREFT ADDRESS 1.4 CITY-ST-7IP		
TITLE C	DELFTE	2 1 TITLE	o/c/T	Change Addition
NAME FLANAGAN, ED		2.2 NAN€		
STREET ADDRESS 515 FERGUSON DRIVE		2 3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL	DELETE	2 4 CITY - ST - ZIP		Change Addition
TITLE	L) bettere	31 THUE 32 NAME		Griange Addition
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CHY-ST-ZIP		
TITLE	DELETE	4.1 TO LE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-S1-ZIP		
TITLE	□ DELETE	51 1/TLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET AODRESS		
CITY-ST-ZIP	DELETE	5.4 CITY - ST - 71P		Change Addition
TITLE		6.1 TOLE		L_1 Change Addition
NAME STREET ADDRESS		6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 Offy-ST-ZIP		
14 I do beroby positive that the information August	aliad with this fibor door at a alib	for the event or state	ed in Section 110 07(2)(i) Florida Statutos	Little or postifut that the

• Tdo hereby certify that the information Aupplied 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 is supplientental annual report is true and accurate and that my signature shall have the same legal offect as if made under eath; that I am an officer or director of this organization or the required in powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 17 langed; or organization with an address.

CIGNATURE

3/26/97

407-299-1841