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

Mailing Address

SUITE 18

6900 PHILLIPS HIGHWAY

JACKSONVILLE FL 32216

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000089150

Corporation Name

BARRETT SUPPLY, INC.

Principal Place of Business

2. Principal Place of Business

6900 PHILLIPS HIGHWAY

JACKSONVILLE FL 32216

SUITE 18

Suite, Apt. #, etc. Suite Status	21		26			59-3484023		l No	ot Applicable	
22 27 28 28 29 29 29 29 29 29		#, etc.			_					
City & State City & State City & State City & State 28	2		27			5. Certificate of Status Desired			equired	
Trust Fund Contribution Added to Fees				6. Election Campaign Financing		gn Financing	\$5.00	May Be		
Personal Property Tax. Diversified Agent 10, Name and Address of New Registered Agent 10, Name and Address of Name and A	23 28					Trust Fund Cont	ribution	•	, I	
9, Name and Address of Current Registered Agent HOLBROOK, H. LEON ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE FL 32202 41 City FL 85 Zip Code 42 City FL 85 Zip Code 44 City FL 85 Zip Code 45 Zirrest Address (P.O. Box Number is Not Acceptable) 46 Zirrest Address (P.O. Box Number is Not Acceptable) 47. Pursuant to the provisions of Sections 607 0502 and 607, 1509. Florids Stabutes, the above-named corporation submits this statement for the purpose of changings (its registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607,0505, Florids Statutes. SIGNATURE 30 CONTRACTORS 31 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS IN 12 13 ZIRMET ADDRESS 31 STREET	Zip	Country Zip			•	8. This corporation	owes the current year Inte	angible	•	
HOLBROOK, H. LEON ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE FL 32202 44 City FL 85 Zip Code 45. Persuant to the provisions of Sections 607 0502 and 607 1509. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, 1 am familiar with, and accept the obligations of, Section 607 0505. Florids Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11 12 MILE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11 12 MILE 12. OFFICERS AND DIRECTORS 1 12 MILE 12. OFFICERS AND DIRECTORS 1 12 MILE 12. OFFICERS AND DIRECTORS 1 12 MILE 13. TITLE 14. OFFICERS AND DIRECTORS 1 12 MILE 14. OFFICERS AND DIRECTORS 1 12 MILE 15. TITLE 16. OFFICERS AND DIRECTORS 1 12 MILE 16. OFFICERS AND DIRECTORS 1 12 MILE 17. OFFICERS AND DIRECTORS 1 12 MILE 18. OFFICERS AND DIRECTORS 1 12 MILE 19. OFFICERS AND DIRECTORS 1 1	24								□No	
HOLBROOK, H. LEON ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE FL 32202 41 City FL 85 Zip Code 44 City FL 85 Zip Code 44 City FL 85 Zip Code 44 City FL 85 Zip Code 45 Zip Code 46 City FL 85 Zip Code 47 Zip FL 85 Zip Code 48 Zip FL 85 Zip Code 49 Zip FL 85 Zip Code 40 Zip FL 85 Zip Code 41 City FL 85 Zip Code 44 Zip FL 85 Zip Code 44 Zip FL 85 Zip Code 45 Zip FL 85 Zip Code 46 Zip FL 85 Zip Code 47 Zip FL 85 Zip Code 47 Zip FL 85 Zip Code 48 Zip FL 85 Zip Code 48 Zip FL 85 Zip FL 85 Zip Code 49 Zip FL 85 Zip Code 40 Zip FL 85 Zip Code 40 Zip FL 85 Zip Code 41 Zip FL 85 Zip Code 41 Zip FL 85 Zip Code 41 Zip FL 85 Zip Code 42 Zip Cop FL 85 Zip Code 43 Zip Cop Zip Cop FL 85 Zip Code 44 Zip FL 85 Zip Code 45 Zi	9. Name and Address of Current Registered Agent									
ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE FL 32202 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboven-named corporation submits this statement for the purpose of changing its 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, a marrial with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, types or pristed ream of inglatered agent and set if applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS TITLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS 14. CITY ST.2P TITLE ORACKSONVILLE FL 32216 14. CITY ST.2P TITLE ORACKSONVILLE FL 32216 DELETE 1. TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS OTM ST.2P TITLE ORACKSONVILLE FL 32216 DELETE 3.3 TITLE 3.3 TITLE 3.3 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Additional Control of Change Add	HOL	PROOF H LEON		81	Name	*				
SUITE 2301 JACKSONVILLE FL 32202 ### City FL 85 Zip Code ### City FL				82	82 Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE FL 32202 84										
### City ###				83						
A1. 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 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, 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, 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, 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, or both, in the State of Florida. Such change by statutes. The provision of the agent age	JACKSCHVILLE FL 32202				Citv	*	**************************************	85 Zip	Code	
Time notes 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 and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE	may car						FL			
### agent. I am fartilliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or protect name of registered agent and title if applicable. (NOTE: Registered Agent algreature required when neintatisting) DATE	11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes	the above	-named corpor	ration submits this stat	ement for the purpose of hereby accept the appoin	changing its	registered gistered	
Signature, typed or printed name of registrated agent and title if applications. (INTE: Registrated Applications required when reinstating) DATE	agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	da Statutes.	ina corporadon	13 DOME OF CITCOLOFS.	neraby accept the appoin	itinoiti as ic	giotorea	
Signature, typed or printed nemo of registrated agent and title of applicables. (NOTE: Required when reinstalling)	SIGNATURE	•					. *:			
TITLE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
NAME HUSTUS, TRISHA 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP Change Addition						ADDITIONS/CHAI	NGES TO OFFICERS AN			
STREET ADDRESS SOON PHILLIPS HIGHWAY, SUITE 18 13 STREET ADDRESS 14 CITY-ST-ZIP 17 CITY-ST-ZIP 1			C DETEIE						☐ Addison	
CITY_ST_ZP			40			•				
TITLE			18				2 24 1		Į	
NAME		JACKSUNVILLE FL 32216			-ZIP			[] Channe		
2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			□ 0£LETE					☐ Change	☐ Addition	
CITY-S1-ZIP		`		•	'				.	
TITLE	STREET ADDRESS					. ,				
NAME	,	:		-	-ZIP	مرب خبر ب المستقدمين	همها و چارمیندسم مارسید د اومیان است	Change	Addition	
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP								☐ Criange	Addison	
CITY-ST-ZIP										
TITLE DELETE 4.1 TITLE Change Addition Addi		N. F.				* * * *			35.45	
A 2 NAME			Попет		-ZIP			Change	Addition	
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE Change Addition Ad		·	□ nère1€	I .				☐ Griange .	☐ wonnon	
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP SA CITY-ST-ZIP TITLE Change Addition NAME 62 NAME Addition Addition Addition	,.		•						1	
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME Addition Addition 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 62 NAME Addition Addition			. □ DELETE		·ZIP '			Change	Addition	
5.3 STREET ADDRESS			. LE DELETE			• 9		спапуе	, Addition	
					ADORESS					
DELETE 0.1 TITLE Change Addition			•			·				
NAME 62 NAME		,	[] DELETE		·Ur			Change	□ Addition	
IV-VIII.	-	The state of the s					;		☐ ₩ookou (
STREET ADDRESS 6.3 STREET ADDRESS					*UDDECC		•	1]	
The state of the s	. [1	
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14 bereby 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		artify that the information countied with t	his filing does not qualify for the			otion 110 07/3\//\	ida Statutas I furthas	ifu that the	pformation	

indicated on this annual report or supplemental annual report is true and daccurate 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, with all other like empowered.

SIGNATURE:

HUSE TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/99

FILED

Jan 27, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

10/13/1997

4, FEI Number

01-27-1999 90056 009 ***150.00

904-296-1041

Daytime Phone #

CR2E034 (11/98)