Feb 17, 1999 8:00 am Secretary of State 02-17-1999 90033 013 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

D	OC	U	ME	N	Γ#	58	23.	46	1
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1. Corporatio	ESS BUILDING SUPPLIES,	INC.			. I MARIAN AMARI HAKAR MINIK ANGAN MINIK ANGAN MINI	ni asan didir bibir sidir dibir 1981		
Principal Place	e of Business	Mailing Address			- I INDIAL DIER INION SIEL DIRIE ALCRI HAN DE	- if Bibil binit orbit ginit nibit 1000		
12200 NEBRAS	KA AVE	12200 NEBRASKA AVE						
TAMPA FL 336	12	TAMPA FL 33612			DO NOT WRITE IN TH	IIC CDACE		
US		US			3. Date Incorporated or Qualifed	IIG OF AGE		
					08/25/1978			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26 Suite Ant # ata			59-1841462	Not Applicable \$8.75 Additional		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Required		
22 City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be		
23	-	28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible		
24	25	29 30			Personal Property Tax. Yes No			
	9. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New Register	ed Agent		
KDO	THE DOVCE A		81	Name				
	ENKE, ROYCE A 30 NEBRASKA AVE		82	Street Addr	et Address (P.O. Box Number is Not Acceptable)			
	PA FL 33612		83			11 种种的特别		
			L			Les De Controlle		
			84	City	F	85 Zip Code		
office or nagent. I a	to the provisions of Sections of Visions of Visions of Visions of Sections of Visions of Sections of Visions of Sections of Visions of Sections of Visions	tions of, Section 607.0505, Fioric	oa Statutes		oration submits this statement for the purpose on's board of directors. I hereby accept the application of the purpose of the	40.56		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE		☐ DELETE	1.1 TITLE			Change Addition		
NAME	KROENKE, EDITH M.		1.2 NAME					
STREET ADDRESS	12200 N. NEBRASKA AVE			FADORESS	•			
CITY-ST-ZIP	TAMPA FL .	☐ DELETE	1.4 CITY-S	T- ZIP	·	Change Addition		
TITLE	D CONTRACTOR	☐ DELETE	2.1 TITLE					
NAME	TOLSON, GLADYS M.		2.2 NAME					
STREET ADDRESS	12200 N. NEBRASKA AVE		2.3 STREET	ì	يرانب المحاصمين			
CITY-ST-ZIP	TAMPA FL	☐ DELETE	2, 4 CITY-S 3,1 TITLE	51-ZIP		☐ Change ☐ Addition		
TITLE NAME	PD Kroenke, Royce, A	- occere	3.2 NAME					
STREET ADDRESS	A			T ADDRESS		1 2 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
CITY-ST-ZIP	WESLEY CHAPEL FL		3.4. CITY-S					
TITLE	TILOCET OTHER LETTE	☐ DELETE	4.1 TITLE			Change : Addition		
NAME			4. 2 NAME			•		
STREET ADDRESS			4.3 STREET	FADORESS				
CITY-ST-ZIP			4.4 CITY-S	T- ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition		
NAME			5.2 NAME					
STREET ADDRESS	1 4		5.3 STREE					
CITY-ST-ZIP	`\		5.4 CITY-S	T- ZIP	<u></u>			
TALLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition f		
NAME			6.2 NAME					
STREET ADDRESS	•		6.3 STREE	FADDRESS				

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 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.

6.4 CITY-ST-ZIP

SIGNATURE: