

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 144338 (1)
1. Corporation Name
COUNTS SUPPLY COMPANY



Principal Place of Business
581 FOOTE COURT
BOX 631
DAYTONA BEACH FL 32114-4207

Mailing Address
581 FOOTE COURT
BOX 631
DAYTONA BEACH FL 32114-4207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3208 LAPALOMA AVE Suite, Apt. #, etc.		2a. Mailing Address 26 3208 LAPALOMA AVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/18/1945	
22 City & State 23 DAYTONA BEACH FL		27 City & State 28 DAYTONA BEACH FL		4. FEI Number 59-0537968	
24 32118 25		29 32118 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 32118 27		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 32118 29		31		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

OWEN, NANCY C.
581 FOOTE COURT
DAYTONA BEACH FL 32014

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3208 LAPALOMA AVE
83
84 City DAYTONA BEACH FL 85 Zip Code 32118

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	FANNING, MICHAEL O	
STREET ADDRESS	914 PONDEROSA DRIVE	
CITY-ST-ZIP	SOUTH DAYTONA FL	
TITLE	PDS	<input type="checkbox"/> DELETE
NAME	OWEN, NANCY	
STREET ADDRESS	3208 LA PALOMA AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	AVD	<input type="checkbox"/> DELETE
NAME	FANNING, MARY LOU	
STREET ADDRESS	914 PONDEROSA DRIVE	
CITY-ST-ZIP	SOUTH DAYTONA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	16 MORNING DEW TRAIL
1.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32118
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	16 MORNING DEW TRAIL
3.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	MICHAEL A. PYLE
4.4 CITY-ST-ZIP	687 BEVILLE RD STE A
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	SOUTH DAYTONA FL 32119
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: *Nancy Owen* NANCY OWEN

1-14-98 (904) 761-0499

CR2E034 (10/97)