

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 28 PM 2:47

DOCUMENT # **165709** (7)

1. Corporation Name
B & F SUPPLY COMPANY INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001443257
-03/29/95--01097--014
***2000.00 ***200.00
240.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**421 LIVE OAK AVENUE
POST OFFICE BOX 667
DAYTONA BEACH FL 32115-0667
US**

3. Date Incorporated or Qualified **07/07/1951** 3a. Date of Last Report **08/04/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26** **P. O. Box 667**

4. FEI Number **59-0656257** Applied For
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 **28**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **25** **29** **32115-0667** **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLANK, AUDREY T.
303 WILLIAMS AVENUE
DAYTONA BEACH FL 32118**

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: *Audrey T. Blank* - **Audrey T. Blank, President** **March, 10, 1995**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **BLANK, EARL R**
STREET ADDRESS **414 LIVE OAK AVE**
CITY - ST - ZIP **DAYTONA BCH FL**

11 TITLE Change Addition
12 NAME **DELETE (DECEASED)**
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **DTS**
NAME **LOVELACE, TINA MARIE**
STREET ADDRESS **414 LIVE OAK AVE**
CITY - ST - ZIP **DAYTONA ACH. FL**

21 TITLE Change Addition
22 NAME **DELETE**
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **PT**
NAME **BLANK, AUDREY T.**
STREET ADDRESS **421 LIVE OAK AVENUE**
CITY - ST - ZIP **DAYTONA BEACH FL**

31 TITLE Change Addition
32 NAME **Blank, Audrey T.**
33 STREET ADDRESS **421 live oak Avenue**
34 CITY - ST - ZIP **Daytona Beach, FL 32115-0667**

TITLE **VPS**
NAME **BLANK, TINA MARIE**
STREET ADDRESS **421 LIVE OAK AVENUE**
CITY - ST - ZIP **DAYTONA BEACH FL**

41 TITLE Change Addition
42 NAME **VPSD**
43 STREET ADDRESS **Blank, Tina Marie**
44 CITY - ST - ZIP **421 Live Oak Avenue**
Daytona Beach, FL 32115-0667

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME **TD**
53 STREET ADDRESS **Britt, Carol Blank**
54 CITY - ST - ZIP **421 Live Oak Avenue**
Daytona Beach, FL 32115-0667

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 associate this report as required by Chapter 607, Florida Statutes, and that my name appeared in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Audrey T. Blank* - **Audrey T. Blank, President**

March, 10, 1995