

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 165709 (7)
1. Corporation Name
B & F SUPPLY COMPANY INC



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

Mailing Address
**P.O. BOX 667
DAYTONA BEACH FL 32115
US**

3. Date Incorporated or Qualified: **07/07/1951** 3a. Date of Last Report: **03/28/1995**

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

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

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

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

2. Principal Place of Business

21. Suite, Apt #, etc

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30. 31. 32.

9. Name and Address of Current Registered Agent
**BLANK, AUDREY T.
303 WILLIAMS AVENUE
DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City 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: _____ DATE: _____
Signature, typed or printed name of registered agent and their applicable (initial) Florida Agent signature required when incorporating.

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRITT, CAROL BLANK	
STREET ADDRESS	421 LIVE OAK AVE.	
CITY - ST - ZIP	DAYTONA BEACH FL 32115-0667	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLANK, AUDREY T.	
STREET ADDRESS	421 LIVE OAK AVENUE	
CITY - ST - ZIP	DAYTONA BEACH FL 32115-0067	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BLANK, TINA MARIE	
STREET ADDRESS	421 LIVE OAK AVENUE	
CITY - ST - ZIP	DAYTONA BEACH FL 32115-0067	
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

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Audrey T. Blank*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Audrey T. Blank

6/6/96 904-255-1411
Date Telephone

CR2E034 (3/96)