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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 PM 3:40

DOCUMENT # 183088 (4)

1. Corporation Name
BOGAN SUPPLY CO., INC.

Principal Place of Business	Mailing Address
P.O. BOX 568 100 SOUTH ALCANIZ ST. PENSACOLA FL 32593-0568 US	P.O. BOX 568 100 SOUTH ALCANIZ ST. PENSACOLA FL 32593-0568 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1955
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 / 30

4. FEI Number: 59-0729208 ☐ 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

9. Name and Address of Current Registered Agent

BOGAN,LEE M
104 WEST BRAINERD STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name: M. P. Bogan, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 211 Cordoba Street
83
84 City: Gulf Breeze, FL 85 Zip Code: 32561

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: ✓ M P Bogan Jr
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where indicated)
M. P. Bogan, Jr.,Pres. 02/15/95
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOGAN,M P 2910 E. DESOTO ST. PENSACOLA FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOGAN JR,M P 211 CORDOBA ST GULF BREEZE FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOGAN,LEE M 104 W. BRAINERD ST. PENSACOLA FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRV BOGAN, LEE M. JR. BAYSHORE RD. GULF BREEZE FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOGAN, MICHAEL 104 W. BRAINERD ST. PENSACOLA FL	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	NO LONGER A DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ACKERMAN, ABIGAIL B. 2109 WHALEY AVE PENSACOLA FL	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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: ✓ M P Bogan Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. P. BOGAN, JR., PRESIDENT
Feb. 16, 1995 (Date)
904-438-6573 (Daytime Phone #)

0471442 FP