

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 183088 (4)

1. Corporation Name
BOGAN SUPPLY CO., INC.



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

3. Date Incorporated or Qualified: 02/01/1955
3a. Date of Last Report: 02/20/1995
4. FEI Number: 59-0729208
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
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent
**BOGAN, JR. M. P.
211 CORDOBA STREET
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent
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 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOGAN, M P	
STREET ADDRESS	2910 E. DESOTO ST.	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BOGAN JR, M P	
STREET ADDRESS	211 CORDOBA ST	
CITY-STATE-ZIP	GULF BREEZE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BOGAN, LEE M	
STREET ADDRESS	104 W. BRAINERD ST.	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	SRV	<input type="checkbox"/> DELETE
NAME	BOGAN, LEE M. JR.	
STREET ADDRESS	BAYSHORE RD.	
CITY-STATE-ZIP	GULF BREEZE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ACKERMAN, ABIGAIL B.	
STREET ADDRESS	2109 WHALEY AVE.	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Treasurer
33 STREET ADDRESS	BOGAN, CHRISTOPHER P. 2702 East DeSoto Street Pensacola, FL 32503
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(g), 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* March 27, 1996 904-433-6573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E034 (12/95)