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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: 02/01/1955
3a. Date of Last Report: 04/01/1996
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

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

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

9. Name and Address of Current Registered Agent

BOGAN, JR. M
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 607.0502 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOGAN,M P		1.2 NAME		
STREET ADDRESS	2910 E. DESOTO ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOGAN JR,M P		2.2 NAME		
STREET ADDRESS	211 CORDOBA ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	V-Pres	☒ Change ☐ Addition
NAME	BOGAN, CHRISTOPHER P		3.2 NAME		
STREET ADDRESS	2702 EAST DESOTO STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	SRV	☐ DELETE	4.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	BOGAN, LEE M. JR.		4.2 NAME		
STREET ADDRESS	BAYSHORE RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	ACKERMAN, ABIGAIL B.		5.2 NAME		
STREET ADDRESS	2109 WHALEY AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: M P Bogan M.P. Bogan, Jr 3/17/97 904 458 6523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #