

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90170 002 \*\*\*150.00

DOCUMENT # 183088

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1955

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 owes the current year Intangible  
Personal Property Tax.

Yes No

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

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 agent 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE P  
NAME BOGAN JR, M P  
STREET ADDRESS 211 CORDOBA ST  
CITY-ST-ZIP GULF BREEZE FL

TITLE VP  
NAME BOGAN, CHRISTOPHER P  
STREET ADDRESS 2702 EAST DESOTO STREET  
CITY-ST-ZIP PENSACOLA FL

TITLE TVP  
NAME BOGAN, LEE M. JR.  
STREET ADDRESS BAYSHORE RD.  
CITY-ST-ZIP GULF BREEZE FL

TITLE S  
NAME ACKERMAN, ABIGAIL B.  
STREET ADDRESS 2109 WHALEY AVE.  
CITY-ST-ZIP PENSACOLA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P-T  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Sr. VP  
3.2 NAME  
3.3 STREET ADDRESS 104 W. Brainard  
3.4 CITY-ST-ZIP Pensacola, FL 32501

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-433-6523

CR2E034 (11/98)