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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 219829

1. Corporation Name

B&HC	ONSTRUCTION & SUPPLY	COMPANY, INC.					
Principal Place	e of Business	Mailing Address		***************************************	t innim was their inter take their	ir arzis arais aigit acall a	1811 11:21 12:21
1747 MAINLINE DRIVE P O BOX 1139 OUINCY FL 32351 1747 MAINLINE DRIVE P O BOX 1139 OUINCY FL 32351 1747 MAINLINE DRIVE P O BOX 1139 OUINCY FL 32351					DO NOT WRITE I	N THIS SPACE	
					3. Date Incorporated or Qualifed 01/31/1959		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 59-0869388	 ''	plied For t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 A	
22		27			5. Certificate of Status Desired	Fee Re	<u> </u>
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 s	•
23 Zip 24	Country	Zip 29	Country 30		This corporation owes the current y Personal Property Tax.	year Intangible	□No
441	9. Name and Address of Curre		1		10. Name and Address of New Regis	stered Agent	
			81 N	ame			
	EY, GARY W 5 BUCK LAKE RD		82 S	treet Addre	ess (P.O. Box Number is Not Acceptable)		
	AHASSEE FL 32311		83			_ 	
			84 C	ity		FL 85 Zip C	Code
44 5		02 and 607 4609 Florida Statute	the above as	med corne	pration submits this statement for the purp	ose of changing its	registered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	utnonzea by the	corporatio	n's board of directors. I hereby accept the	e appointment as req	gistered
SIGNATURE							
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Agent sig	nature required	when reinstating)	DATE	
12.	Signature, typed or printed name of registered ag- OFFICERS A	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent sig	nature required	when reinstating) ADDITIONS/CHANGES TO OFFICE		
				nature required			RS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	required		ERS AND DIRECTO	
12. TITLE	OFFICERS A	ND DIRECTORS	13. 1.1 TITLE			ERS AND DIRECTO	
12. TITLE NAME	OFFICERS A D BAILEY, E LAMAR	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	DRESS		ERS AND DIRECTO	Addition .
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

Geraldine M. Betts

4/28/99

Date

850 627-9244

Daytime Phone #

CR2E034 (11/98)