

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 221055 (7)
1. Corporation Name
CONSTRUCTION SUPPLY CO OF VENICE



Principal Place of Business
218 S. SEABOARD AVE.
VENICE FL 34292

Mailing Address
218 S. SEABOARD AVE.
VENICE FL 34292

3. Date Incorporated or Qualified
03/06/1959

3a. Date of Last Report
05/01/1996

4. FEI Number
59-0869270

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

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

9. Name and Address of Current Registered Agent
FREEMAN JR., JAMIE W.
218 SOUTH SEABOARD AVENUE
VENICE FL 34292

10. Name and Address of New Registered Agent
81 Name
FREEMAN, VICKI
82 Street Address (P.O. Box Number is Not Acceptable)
218 South Seaboard Ave
83
84 City
Venice FL 85 Zip Code
34292

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. *Vicki Freeman*

SIGNATURE *Vicki Freeman* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	FREEMAN, MICHAEL WAYNE	
STREET ADDRESS	218 S. SEABOARD AVE	
CITY-ST-ZIP	VENICE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FREEMAN, JAMIE W	
STREET ADDRESS	218 S. SEABOARD AVE	
CITY-ST-ZIP	VENICE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FREEMAN, VICKI	
STREET ADDRESS	218 S. SEABOARD AVE.	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD FREEMAN, VICKI
2.3 STREET ADDRESS	218 S. SEABOARD
2.4 CITY-ST-ZIP	VENICE, FL.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Vicki Freeman* 4/23/97 941-488-6641

CR2E034 (9/96)