

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 27 1998 8:00am
Secretary of State

DOCUMENT # **249465** (6)
1. Corporation Name
LA BELLE BUILDING SUPPLY, INC.



Principal Place of Business Mailing Address
870 SOUTH MAIN STREET **870 SOUTH MAIN STREET**
P.O. BOX 756 **P.O. BOX 756**
LABELLE FL 33935 **LABELLE FL 33935**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/09/1966

4. FEI Number

59-0936749

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BRUNER, JOHN J
3RD AVENUE & CRAWFORD STREET
LABELLE FL 33935

10. Name and Address of New Registered Agent

81 Name

JOHNSON, RONALD C

82

Street Address (P.O. Box Number is Not Acceptable)

122 E TILLMAN AVE

83

84 City

LAKE WALES

FL

85 Zip Code

33853

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

RONALD C. JOHNSON

2/13/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **JAHNA, E. R.**
STREET ADDRESS **FIRST ST & TILLMAN AVE**
CITY-ST-ZIP **LAKE WALES, FL 00000**

TITLE **PD** ☒ DELETE
NAME **BRUNER, JOHN J**
STREET ADDRESS **3RD AVE & CRAWFORD ST**
CITY-ST-ZIP **LABELLE, FL 00000**

TITLE **STD** ☐ DELETE
NAME **THIGPEN, GREG C**
STREET ADDRESS **TOWNSEND LAND SW ORTONA**
CITY-ST-ZIP **LABELLE, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **JAHNA, E.R.**
1.3 STREET ADDRESS **122 E. TILLMAN AVE**
1.4 CITY-ST-ZIP **LAKE WALES, FL 33853**

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **VPD)**
4.3 STREET ADDRESS **JAHNA, JIM**
4.4 CITY-ST-ZIP **122 E TILLMAN AVE.**
LAKE WALES, FL 33853

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **VPST**
5.3 STREET ADDRESS **JOHNSON, RONALD C**
5.4 CITY-ST-ZIP **122 E TILLMAN AVE**
LAKE WALES, FL 33853

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

2/13/98 94H.76-9431

CP2E034 (10/97)