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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 261486

B AND B ELECTRIC SUPPLIES, INC.

(5)

## FILED Apr 18 1997 8:00am Secretary of State



Principal Place of Business C.M. SWARTZ 3340 HAVENDALE BLVD WINTER HAVEN FL 33881 US		Mailing Address C.M. SWARTZ 3340 HAVENDALE BLVD WINTER HAVEN FL 33881-1840 US		3. Date Incorporated or Qualified	3a. Date of	Last Re		
· · · · · ·	Place of Business	2a. Mailing Address			08/03/1962 4. FEI Number	05/09/19	Apr	olied For
21		26		and the same of th			Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zφ	Country	Zip	Countr	У	8. This corporation has liability for in			199.032,
24	[25]		30			Yes No		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	istered Agen	<u> </u>	
	ARTZ, C M		B.	Name				
4923 WILLOWBROOK CIR			8	Street Add	Iress (P.O. Box Number is Not Acceptab	e)		
WIN	ITER HAVEN FL 33881				, , , , , , , , , , , , , , , , , , ,			
			8	1				
			8	City		Pag 85	Zip C	ode
			İ		poration submits this statement for the pation's board of directors. I hereby accep	FL	1	
12.	Signature, typed or printed name of registered agent and title if applicable  OFFICERS AND DIRECTORS  In left		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D COONCED BADRADA M	☐ DELETE	1.1 TITLE			□ 0	Change	Additio
NAME	SPRINGER, BARBARA M 728 CANBERRA		1.2 NAME					
STREET ADDRESS	WINTER HAVEN FL		1	TADORESS				
CHY-SI-ZIP	PD PD	DELETE	1.4 CITY-				hange	Additio
THTLE	SWARTZ, CLYDE MICHAEL		2.1 TITLE 2.2 NAME	1		L	папус	L.J ADDITIO
NAME CENTER ADOPTION	AND THE OF BUILDING OF		1	T ADDRESS				
STREET ADDRESS	WINTER HAVEN FL		2.3 STREE	ì				
CHY+ST-ZIF TITLE	D	DELETE	3.1 TATLE				hange	Additio
NAME	SPRINGER, ROBERT A		3.2 NAM					
STREET ADDRESS	TAN ALMAPANA		•	T ADDRESS				
CHY-ST-ZIP	WINTER HAVEN FL		3.4. CITY					
TITLE	STD	DELETE	4.1 TITLE				hange	Addition
NAME	SWARTZ, CATHY		4. 2 NAM					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-S1-ZIP	WINTER HAVEN FL		4.4 CiTY-	ST-ZIP				
THLE		☐ DELETE	5.1 TITLE				hange	Addition
NAME			5.2 NAME					
STREET ADDRESS	;		5.3 STRE	ET ADORESS				
CITY - ST - 7IP			5.4 CITY-	ST-ZIP			<b>.</b>	
THE		☐ DELETE	6.1 TITLE			□ c	hange	Addition
NAME			62 NAME					
STREET ADDRESS			63 STREE	T ADDRESS				
CITY OF 7(0)	+		A A CITY.	ST_7IP				

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 Brock 12 or Block 13 it Chapter 607 or no as attempted with an address.

SIGNATURE

Lista Michael Swart Westler

941 96 /001 Dayline Prione 1