

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 413994 (5)
1. Corporation Name
THE CONSTRUCTION BOOKSTORE, INC.

APPROVED
AND
FILED
98 AUG -6 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1830 NE 2ND STREET
P.O. BOX 2959
GAINESVILLE FL 32602-2959
US

Mailing Address
1830 NE 2ND STREET
P.O. BOX 2959
GAINESVILLE FL 32602-2959
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 4400 NW 23rd Ave

27 Suite E

28 City & State

29 32606 Country

3. Date Incorporated or Qualified

12/04/1972

4. FEI Number

59-1434821

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

BUSTER, DAVID L
1830 NE 2ND ST
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name Capital Connection, Inc.
82 Street Address (P.O. Box Number Is Not Acceptable)
83 417 E. Virginia St., Suite 1
84 City Tallahassee FL 85 Zip Code 32301

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 Lauren Strong, Client Representative for Capital Connection, Inc.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE 8/10/98

12. OFFICERS AND DIRECTORS

TITLE ~~DELETED~~ DELETE

NAME BUSTER, DAVID L.
STREET ADDRESS 1830 NE 2ND STREET
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE ~~DELETED~~ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DELETED~~ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DELETED~~ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DELETED~~ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DELETED~~ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President Change Addition

1.2 NAME Dave Buster
1.3 STREET ADDRESS 4400 NW 23rd Ave, Suite E
1.4 CITY-ST-ZIP Gainesville FL 32606

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

000002610960-3
-08/07/98-01087-017
***550.00 ***550.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

7/10/98 (352) 3789784

CR2E034 (5/98)