

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 18 PM 5:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **642825** (4)

1. Corporation Name

**CONTRACTOR'S SPECIALTY SUPPLY, INC.**

Principal Place of Business

Mailing Address

4960 STEPP AVE  
JACKSONVILLE FL 32216

4960 STEPP AVE  
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/24/1979** 3a. Date of Last Report **03/29/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Country

25 Country

29 Zip

30 Country

4. FEI Number **59-1965417** 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 or intangible tax under § 109.099 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, LUTHER D  
4960 STEPP AVE  
JACKSONVILLE FL

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CLARK, LUTHER D
STREET ADDRESS	4960 STEPP AVE
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	VP
NAME	CLARK, LUTHER D. JR.
STREET ADDRESS	1704 FURMAN ROAD
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	VP
NAME	CLARK, LANTZ A.
STREET ADDRESS	4960 STEPP AVE.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	DELETE
23. STREET ADDRESS	NO LONGER OFFICER OF CORP.
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 at 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 equally certified with an address.

SIGNATURE:

*[Signature]*

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/95

904.731.7030

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # 644150 (5)**

1. Corporation Name  
**JESSE REEVES CONSTRUCTION, INC.**

Principal Place of Business      Mailing Address

**201 REMINGTON DRIVE  
DOTHAN AL 36303  
US**      **201 REMINGTON DRIVE  
DOTHAN AL 36303  
US**

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24 **36303**      25      29 **36303**      30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/06/1979**      **04/07/1994**

4. FEI Number      Applied For  
**59-2015171**      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 § 100.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**REEVES, KENNETH R.  
3358 APTC LALEYENDA CT  
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent

81 Name **RENATE V. NOWICKI**

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

83 **6500 Calle de LAGO**

84 City **NAVARE**      FL      85 Zip Code **32566**

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 **Renate V. Nowicki**      *Renate V. Nowicki*      **4-11-95**

(Signature type or printed name of registered agent and the corporation)      (NOTE: Registered Agent signature required when registering)      (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>REEVES, JESSE D, JR.</b>
STREET ADDRESS	<b>201 REMINGTON DR</b>
CITY, ST, ZIP	<b>DOTHAN AL</b>
TITLE	<b>TS</b>
NAME	<b>REEVES, MARIE J</b>
STREET ADDRESS	<b>201 REMINGTON DR</b>
CITY, ST, ZIP	<b>DOTHAN AL</b>
TITLE	<b>V</b>
NAME	<b>REEVES, KENNETH R.</b>
STREET ADDRESS	<b>3358 APT C LALEYENDA CT</b>
CITY, ST, ZIP	<b>GULF BREEZE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 creator 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 affidavit.

SIGNATURE: *Jesse D. Reeves Jr*      **4-13-95**      **334-677-4931**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Typed Name)

**Jesse D. Reeves Jr.**