

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Governor: Jeb Bush
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **642825** (4)

1. Corporation Name
CONTRACTOR'S SPECIALTY SUPPLY, INC.



Principal Place of Business: **4960 STEPP AVE JACKSONVILLE FL 32216**
 Mailing Address: **4960 STEPP AVE JACKSONVILLE FL 32216**

21	2. Principal Place of Business	2a	Mailing Address
22	State, Apt. #, etc.	26	State, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	County	29	County
30	g. Name and Address of Current Registered Agent		

**CLARK, LUTHER D
 4960 STEPP AVE
 JACKSONVILLE FL**

3. Date of Incorporation/Conversion: **10/24/1979**
 3a. Date of Last Report: **04/18/1995**
 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 is liable for intangible tax under s. 193.032, Florida Statutes: Yes No
 10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Applicable)
 83
 84 City
 FL 85 Zip Code

11. Pursuant to the provisions of Section 607.011(1)(b), Florida Statutes, I, the undersigned, hereby certify that I am an officer or director of the corporation and I have been appointed as registered agent 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. Thereby, I accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.011(1)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, LUTHER D	
STREET ADDRESS	4960 STEPP AVE	
CITY, STATE, ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CLARK, LANTZ A.	
STREET ADDRESS	4960 STEPP AVE.	
CITY, STATE, ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, 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, STATE, ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, STATE, ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, STATE, ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, STATE, ZIP	

14. I do hereby certify that the information given by me to the Department of State is true and correct to the best of my knowledge and belief. I further certify that this information is true and correct to the best of my knowledge and belief. I am an officer or director of the corporation and I have been appointed as registered agent 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. Thereby, I accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.011(1)(b), Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.5.96 904-731-7030

CR2E034 (12/95)