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Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90185 050 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 642825

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/24/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1965417	Applied For -Not Applicable-
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CLARK, LUTHER D  
4960 STEPP AVE  
JACKSONVILLE FL

10. Name and Address of New Registered Agent

81	Name	LUTHER D CLARK Jr.	
82	Street Address (P.O. Box Number is Not Acceptable)	4960 STEPP AVE	
83			
84	City	JACKSONVILLE	FL
85	Zip Code	32216	

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 LUTHER D. CLARK Jr. DATE 4/9/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	CLARK, LUTHER D	1.2 NAME	LUTHER D. CLARK, JR.
STREET ADDRESS	4960 STEPP AVE	1.3 STREET ADDRESS	4960 STEPP AVE
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VP	2.1 TITLE	
NAME	CLARK, LANTZ A.	2.2 NAME	
STREET ADDRESS	4960 STEPP AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 with all other like empowered.

SIGNATURE: LUTHER D. CLARK Jr. DATE: 4/9/99 DAYTIME PHONE #: 731-7030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)