

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

90 MAY -1 AM 8:33

DOCUMENT # **647280** (7)

1. Corporation Name
COMMERCIAL BUSINESS SUPPLY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office (If Different) Mailing Address
**P.O. BOX 647B
CLEARWATER FL 34618-347B** **P.O. BOX 647B
CLEARWATER FL 34618-347B**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/30/1979	09/29/1994
22		27		4. FEI Number	Applied For
23		28		59-1957270	Not Applicable
24		25		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
29		30		8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HILL, BRUCE 2392 HILLCREEK CIR. E. CLEARWATER FL 34619				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607 (b)(2) and 607-15(8), Florida Statutes, this 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 607-05(2), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, BRUCE	2. NAME	
STREET ADDRESS	2392 HILLCREEK CIR. E.	3. STREET ADDRESS	
CITY, STATE, ZIP	CLEARWATER FL	4. CITY, STATE, ZIP	
TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTER, DALE	6. NAME	
STREET ADDRESS	ROUTE 1, BOX 267	7. STREET ADDRESS	
CITY, STATE, ZIP	ALAPAHA GA	8. CITY, STATE, ZIP	
TITLE	PD	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDFORD, MAURICE F.	10. NAME	
STREET ADDRESS	2058 IMPERIAL WAY	11. STREET ADDRESS	
CITY, STATE, ZIP	CLEARWATER FL	12. CITY, STATE, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, STATE, ZIP		16. CITY, STATE, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, STATE, ZIP		20. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607 (b)(2) and 607-15(8), Florida Statutes. I further certify that the information included 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 liquidator appointed to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Maurice Bedford*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
MAURICE F. BEDFORD, PRESIDENT

4/28/95 813-725-7600