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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

647280

(7)

COMMERCIAL BUSINESS SUPPLY, INC.

FILED							
Aug	19	1998	8:00am				
Sec	ret	ary of	f State				



Principal Place of Business M		Mailing Address	Mailing Address			The state of the s
P.O. BOX 6478 CLEARWATER FL 34618-3478		P.O. BOX 6478				
		CLEARWATER FL 34618	-3478		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					11/30/1979	
2. Principal P	lace of Business	2a. Mailing Address	_		4. FEI Number	Applied For
21		26			59-1957270	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Bo
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the	he current year Intangible
24	25	29	30		Personal Property Tax due June 30	Yes No
	9. Name and Address of Curre	nt Registered Agent		1	10. Name and Address of New Regis	tered Agent
HILL	., BRUCE		81	Name		
670	ISLAND WAY		82	82 Street Address (P.O. Box Number is Not Acceptable)		
208				ļ		
CLE	ARWATER FL 33767		83			
			84	City		85 Zip Code
			*.	~,		FL S Exp cook
11. Pursuani	t to the provisions of sections 607,050	2 and 607.1508, Florida Stat	utes, the above	-named corp	poration submits this statement for the purpose	e of changing its registered
office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change wa nations of, section 607.0505,	s autnonzed by Florida Statute	rtne corpora s.	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE						
Olonation	Signature, typed or printed name of registered age			gent signature re		DATE
12.		ND DIRECTORS	13.	 -	ADDITIONS/CHANGES TO OFFICE	
TITLE	VD\$	L_] DELETE	1.1 TITLE			Change Addition
NAME	HILL, BRUCE		1.2 NAME	ļ		
STREET ADDRESS	670 ISLAND WAY 208		1.3 STRÉE	ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-S	T-ZIP		
TITLE	D	DELETE	2.1 TITLE			Change Addition
NAME	BENTER, DALE		2 2 NAME			
STREET ADDRESS	ROUTE 1, BOX 267		2 3 STREE	ADDRESS		
CITY-ST-ZIP	ALAPAHA GA		2 4 CITY-S	T-ŽIP		
TITLE	PD	DELETE	31 TITLE	ļ		Change Addition
NAME	BEDFORD, MAURICE F.		3.2 NAME			
STREET ADDRESS	3021 COUNTRYSIDE BLVD, #	ZZA		ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-S	T-ZIP		
TITLE		DELETE	4.1 TITLE			Change L Addition
NAME			4.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE	1	DELETE	5.1 TITLE			Change Addition
NAME			. 5.2 NAME			
STREET ADDRESS			5.3 STREE	TADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-S			
44 haraby c	adifuthat the information cumplied wit	h this filing done not qualify (or the exemptio	n etated in ea	ection 119 07/3\/ii) Florida Statutes, I further o	certify that the information

4. 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.

CICNATURE W

(MAURICE: F

8/11/98

727-449-8998