

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004661 (3)**

1. Corporation Name
CITY SUPPLY CORPORATION



Principal Place of Business: **100 INDIANA AVE DES MOINES IA 50314**
Mailing Address: **100 INDIANA AVE DES MOINES IA 50314**

3. Date Incorporated or Qualified: **09/25/1995**
3a. Date of Last Report
4. FEI Number: **42-1233954**
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 s. 193.032, Florida Statutes Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
**CHILDS, RON
148 LELAND ST SE
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE: *Ron Childs* 4-1-96

12. OFFICERS AND DIRECTORS

TITLE	CC	<input type="checkbox"/> DELETE
NAME	CHILDS, RON	
STREET ADDRESS	148 LELAND ST SE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	CC	<input type="checkbox"/> DELETE
NAME	COPPLE, STEVE	
STREET ADDRESS	2110 ASHWORTH RD	
CITY-ST-ZIP	WEST DES MOINES IA 50265	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALSEY, JEFF	
STREET ADDRESS	3024 SOUTHERN HILLS DR	
CITY-ST-ZIP	DES MOINES IA 50321	
TITLE	TVD	<input type="checkbox"/> DELETE
NAME	CHILDS, RANDALL	
STREET ADDRESS	443 EDGEWOOD LANE	
CITY-ST-ZIP	PLEASANT HILL IA 50317	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PINE, MARK	
STREET ADDRESS	4417 73RD PLACE	
CITY-ST-ZIP	URBANDALE IA 50322	
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Copple, Steve
23. STREET ADDRESS	5781 Gallery Court
24. CITY-ST-ZIP	West Des Moines, IA 50266
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	700001805977
54. CITY-ST-ZIP	-05/03/96--01012--007
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	***200.00
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)(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; that I am the treasurer 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.

SIGNATURE: *Ron Childs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

CR2E034 (12/95)