

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---



**DOCUMENT # F95000004661 (3)**  
 1. Corporation Name  
**CITY SUPPLY CORPORATION**

Principal Place of Business <b>100 INDIANA AVE DES MOINES IA 50314</b>	Mailing Address <b>100 INDIANA AVE DES MOINES IA 50314-3111</b>
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/25/1995</b>	3a. Date of Last Report <b>05/02/1996</b>
21	26	4. FEI Number <b>42-1233954</b>		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip		29. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		30. Country			

9. Name and Address of Current Registered Agent <b>CHILDS, RON 148 LELAND ST SE PORT CHARLOTTE FL 33952</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b> 85. Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHILDS, RON</b>	1.2 NAME	
STREET ADDRESS	<b>148 LELAND ST SE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PORT CHARLOTTE FL 33952</b>	1.4 CITY - ST - ZIP	
TITLE	CC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COPPLE, STEVE</b>	2.2 NAME	
STREET ADDRESS	<b>5781 GALLERY COURT</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WEST DES MOINES IA 50265</b>	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALSEY, JEFF</b>	3.2 NAME	
STREET ADDRESS	<b>3024 SOUTHERN HILLS DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DES MOINES IA 50321</b>	3.4 CITY - ST - ZIP	
TITLE	TVD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHILDS, RANDALL</b>	4.2 NAME	
STREET ADDRESS	<b>443 EDGEWOOD LANE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PLEASANT HILL IA 50317</b>	4.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PINE, MARK</b>	5.2 NAME	
STREET ADDRESS	<b>4417 73RD PLACE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>URBANDALE IA 50322</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **REQUIRED** 4-23-97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)