

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 50314-3111
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1995	3a. Date of Last Report 05/02/1996
21	26	4. FEI Number 42-1233954		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 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
				FL	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	CHILDS, RON	1.2 NAME	
STREET ADDRESS	148 LELAND ST SE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL 33952	1.4 CITY - ST - ZIP	
TITLE	CC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPLE, STEVE	2.2 NAME	
STREET ADDRESS	5781 GALLERY COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST DES MOINES IA 50265	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALSEY, JEFF	3.2 NAME	
STREET ADDRESS	3024 SOUTHERN HILLS DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	DES MOINES IA 50321	3.4 CITY - ST - ZIP	
TITLE	TVD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDS, RANDALL	4.2 NAME	
STREET ADDRESS	443 EDGEWOOD LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLEASANT HILL IA 50317	4.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINE, MARK	5.2 NAME	
STREET ADDRESS	4417 73RD PLACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	URBANDALE IA 50322	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]* **4-23-97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)