

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K61005 (0)

1. Corporation Name
B & B INDUSTRIAL SUPPLY COMPANY-

Beale Holdings, Inc.

Principal Place of Business

3245 OKEECHOBEE RD
PO BOX 490
FT PIERCE FL 34954

Mailing Address

3245 OKEECHOBEE RD
PO BOX 490
FT PIERCE FL 34954-0490



3. Date Incorporated or Qualified 01/26/1989
3a. Date of Last Report 03/21/1996

2. Principal Place of Business
21 1671 THUMBPOINT DRIVE
Suite, Apt. #, etc.
22
23 City & State FORT PIERCE, FL
24 Zip 34949 Country U.S.A.
25
26 27 Mailing Address POST OFFICE BOX 476
Suite, Apt. #, etc.
28 City & State FORT PIERCE, FL
29 Zip 34950 Country U.S.A.
30

4. FEI Number 65-0093826
Applied For Not Applicable

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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BEALE, JOSEPH E. JR.
3245 OKEECHOBEE RD
FT PIERCE FL 34947

10. Name and Address of New Registered Agent

81 Name BEALE, JOSEPH E., JR.
82 Street Address (P.O. Box Number is Not Acceptable) 1671 THUMBPOINT DRIVE
83
84 City FORT PIERCE FL 85 Zip Code 34949

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVS	<input type="checkbox"/> DELETE
NAME	BEALE, JOSEPH E. JR.	
STREET ADDRESS	3245 OKEECHOBEE RD	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BEALE, JOSEPH E. JR.	
STREET ADDRESS	3245 OKEECHOBEE RD	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BEALE, JOSEPH E., JR.	
1.3 STREET ADDRESS	1671 THUMBPOINT DRIVE	
1.4 CITY-STATE-ZIP	FORT PIERCE, FL 34949	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BEALE, JOSEPH E., JR.	
2.3 STREET ADDRESS	1671 THUMBPOINT DRIVE	
2.4 CITY-STATE-ZIP	FORT PIERCE, FL 34949	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-468-6699

CR2E034 (9/96)

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***165.00

CS
5/14/97