FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:26

DOCUMENT # **K67083** **(1)**

1. Corporation Name
OKEECHOBEE CONTRACTORS SUPPLY, INC.

Principal Place of Business	Mailing Address
1110 WEST NORTH PARK ST. OKEECHOBEE FL 34972	1110 WEST NORTH PARK ST. OKEECHOBEE FL 34972

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1989
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: PO DRAWER 1983
Suite, Apt. #, etc.
27:
City & State
28: OKEECHOBEE, FL
Zip 29: 34973-1983 Country 30:

4. FEI Number: 65-0099434 ☐ 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

WILSON, CHARLES O., JR.
1110 WEST NORTH PARK STREET
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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: (signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ABNEY, JOHN W.	12 NAME	
STREET ADDRESS	805 S.W. 15TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	14 CITY-ST-ZIP	34974
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	GARRIS, JAMES B.	22 NAME	
STREET ADDRESS	5350 SE HWY. 441	23 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	24 CITY-ST-ZIP	34974
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	WILSON, CHARLES, O	32 NAME	
STREET ADDRESS	1605 SW 28TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	34 CITY-ST-ZIP	34974
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	FULFORD, GENE	42 NAME	
STREET ADDRESS	304 SE 4TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	44 CITY-ST-ZIP	34974
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	PERMITTED BY MAY 1
CITY-ST-ZIP		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)(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: Charles O. Wilson 5/1/95 (918)763-3516
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0383144 CP