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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K67083 (1)
1. Corporation Name
OKEECHOBEE CONTRACTORS SUPPLY, INC.

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

Mailing Address
P O DRAWER 1983
OKEECHOBEE FL 34973-1983
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/21/1989

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1110 WN Park St.

27 Suite, Apt. #, etc.

23 City & State

28 Okeechobee, Florida

24 Zip Country

29 34972 30 Zip Country

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

81 Name
FULFORD, GENE
82 Street Address (P.O. Box Number is Not Acceptable)
304 SE 4TH STREET
83
84 City
OKEECHOBEE FL 85 Zip Code
34972

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 Gene Fulford, Owner/President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ABNEY, JOHN W.
STREET ADDRESS 805 S.W. 15TH STREET
CITY-ST-ZIP OKEECHOBEE FL ☒ DELETE

TITLE DV
NAME GARRIS, JAMES B.
STREET ADDRESS 8350 SE HWY. 441
CITY-ST-ZIP OKEECHOBEE FL ☒ DELETE

TITLE DST
NAME WILSON, CHARLES, O
STREET ADDRESS 1805 SW 28TH ST.
CITY-ST-ZIP OKEECHOBEE FL ☒ DELETE

TITLE VD
NAME FULFORD, GENE
STREET ADDRESS 304 SE 4TH ST
CITY-ST-ZIP OKEECHOBEE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
PD Fulford, Gene
304 SE 4th St
Okeechobee, Fl. 34972

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: Gene Fulford, 4/14/98 (941) 763-3516

CR2E034 (10/97)