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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000037735 (6)

B & L SUPPLY, INC.

appears in Block 12 or Block

SIGNATURE:

Principal Place of Business Mailing Address 1517 8 RIDGEWOOD AVE 1517 S RIDGEWOOD AVE **EDGEWATER FL 32132 EDGEWATER FL 32132-3609** 3. Date Incorporated or Qualified 3a, Date of Last Report 05/24/1993 04/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3015267 21 26 Not Applicable Suite Apt. # étc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032. 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 -NELSON, CAROLE - 1523 UMBRELLA TREE DR-Street Address (P.O. Box Number is Not Acceptable) -EDGEWATER FL 32132-83 Edgewater, FL 84 City Zip Code 11. Fursuant to the provisions of Sections Q7.0502 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 tamping fifth, antijaccept the objugations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) and title if applicable (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition 100 BECKER, CHARLES E 1.2 NAME **CR2E034** NAMI 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIF Change Addition THE 2.1 TITLE NGM 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP Calif - ST - 71P DELETE Change Addition 3.1 TITLE 1111 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST-ZIP DELETE 41 TITLE Change ___ Addition 110 NaMi 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP C-TY-ST-7/P DELETE Change Addition THE 5.1 TITLE NAM. 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - 712 DELETE 6 I TITLE ☐ Change Addition HILF 62 NAME MAME 6.3 STREET ADDRESS STREET AFORESS 6.4 CITY - ST - ZIP 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

ir-formation 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 of Block 15 of Block

FILED

May 22 1997 8:00am

Secretary of State