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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000037827 (1)
1. Corporation Name
BEE-LINE SUPPLY COMPANY, INC.

Principal Place of Business: **920 BRITT COURT STE. 152 ALTAMONTE SPRINGS FL 32701**
Mailing Address: **P.O. BOX 150358 ALTAMONTE SPRINGS FL 32715**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	910 Britt Court	26	P. O. Box 150358	05/26/1993	03/03/1994
22. Suite, Apt. #, etc. Suite 156		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State Altamonte Springs, FL		28. City & State Altamonte Springs, FL		59-3184370	Not Applicable
24. Zip 32701	25. Country Seminole	29. Zip 32715	30. Country Seminole	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
O'NEAL, FREDERIC B. 800 N. FERNCREEK AVE. ORLANDO FL 32803			81 Name	O'Neal Frederic B.	
			82 Street Address (P.O. Box Number is Not Acceptable)	e/o Anderson & Rush Attorney, P.A.	
			83	322 East Central Blvd.	
			84 City	Orlando	85 Zip Code FL 32801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restoring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, KAREN	1.2 NAME	Wilson, Karen
STREET ADDRESS	920 BRITT CT., STE. 152	1.3 STREET ADDRESS	P. O. Box 813
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32701	1.4 CITY - ST - ZIP	Longwood, FL 32752
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMP, CHARLIE	2.2 NAME	
STREET ADDRESS	920 BRITT CT., STE. 152	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE FL 32701	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *KAREN M. Wilson* *Karen M Wilson* 4/3/95 407-339-9042
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR