

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P93000037827 (1)**  
1. Corporation Name

**BEE-LINE SUPPLY COMPANY, INC.**



Principal Place of Business Mailing Address  
**910 BRITT COURT  
STE 156  
ALTAMONTE SPRINGS FL 32701  
US** **P.O. BOX 150358  
ALTAMONTE SPRINGS FL 32715  
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/26/1993</b>	3a. Date of Last Report <b>04/11/1995</b>
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number <b>59-3184370</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	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			
<b>O'NEAL, FREDERIC B. % ANDERSON &amp; RUSH ATTORNEY, PA 322 E CENTRAL BLVD ORLANDO FL 32801</b>				81 Name	<b>Frank C. Whigham</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>200 W. First Street, Ste. 22</b>		
				83	<b>SunTrust Bank Building</b>		
				84 City	<b>Sanford</b>	85 Zip Code	<b>FL 32771</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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]* DATE: **7-3-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>WILSON, KAREN</b>		12 NAME				
STREET ADDRESS	<b>PO BOX 813 N/A</b>		13 STREET ADDRESS				
CITY-ST-ZIP	<b>LONGWOOD FL 32752</b>		14 CITY-ST-ZIP				
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	<b>BRITT, R.E.</b>		22 NAME	<b>D BRITT, R.E.</b>			
STREET ADDRESS	<b>P. O. Box 160206 N/A</b>		23 STREET ADDRESS	<b>P. O. Box 160206 N/A</b>			
CITY-ST-ZIP	<b>Altamonte Springs, FL 32716</b>		24 CITY-ST-ZIP	<b>Altamonte Springs, FL 32716</b>			
TITLE		<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			32 NAME				
STREET ADDRESS			33 STREET ADDRESS				
CITY-ST-ZIP			34 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			52 NAME	<b>200001901982</b>			
STREET ADDRESS			53 STREET ADDRESS	<b>-07/23/96--01086--021</b>			
CITY-ST-ZIP			54 CITY-ST-ZIP	<b>***225.00</b>			
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **7/3/96** **3399042**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **R. E. BRITT**

CR2E034 (3/96)