

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # P93000037827 (1)

1. Corporation Name
 BEE-LINE SUPPLY COMPANY, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 05/26/1983
 3a. Date of Last Report: 07/23/1996
 4. FEI Number: 59-3184370
 6. 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

9. Name and Address of Current Registered Agent
 FRANK C. WHIGHAM
 200 W. FIRST STREET, STE. 22
 SUNTRUST BANK BLDG.
 SANFORD FL 32771

10. Name and Address of New Registered Agent (81-85)

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
 1.1 TITLE: DP
 1.2 NAME: WILSON, KAREN
 1.3 STREET ADDRESS: PO BOX 813 N/A
 1.4 CITY-ST-ZIP: LONGWOOD FL
 2.1 TITLE: D
 2.2 NAME: BRITT, R E
 2.3 STREET ADDRESS: P.O. BOX 160206 N/A
 2.4 CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32716

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 3.1 TITLE: [] Change [] Addition
 3.2 NAME: [] Change [] Addition
 3.3 STREET ADDRESS: [] Change [] Addition
 3.4 CITY-ST-ZIP: [] Change [] Addition
 4.1 TITLE: [] Change [] Addition
 4.2 NAME: [] Change [] Addition
 4.3 STREET ADDRESS: [] Change [] Addition
 4.4 CITY-ST-ZIP: [] Change [] Addition
 5.1 TITLE: [] Change [] Addition
 5.2 NAME: [] Change [] Addition
 5.3 STREET ADDRESS: [] Change [] Addition
 5.4 CITY-ST-ZIP: [] Change [] Addition
 6.1 TITLE: [] Change [] Addition
 6.2 NAME: [] Change [] Addition
 6.3 STREET ADDRESS: [] Change [] Addition
 6.4 CITY-ST-ZIP: [] Change [] Addition

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 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.

CR2E034 (4/97)