

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90132 033 ***150.00

DOCUMENT # P93000044209

1. Corporation Name
ABLE LUMBER AND SUPPLY, INC.

Principal Place of Business

500 3RD ST NW
LARGO FL 34640
US

Mailing Address

P.O. BOX 4699
CLEARWATER FL 34618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1993

4. FEI Number

59-3198312

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 the current year intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 150-13th St SW

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Largo, FL

City & State

27

Zip Country

24 34640 25

Zip Country

29 30

9. Name and Address of Current Registered Agent

D, & B CORPORA
30750 U.S. 19 NORTH
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name D & B Corporate Svcs Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
30750 U.S. 19 North

83

84 City Palm Harbor FL 85 Zip Code 34684

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

4/12/99

12. OFFICERS AND DIRECTORS

TITLE PST ☒ DELETE

NAME MONGELLUZZI, CHRIS
STREET ADDRESS 30750 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME S/T/D Mongelluzzi, Anne

2.3 STREET ADDRESS 30750 U.S. Hwy 19 North

2.4 CITY-ST-ZIP Palm Harbor, FL 34684

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME P/D Mongelluzzi, Frank

3.3 STREET ADDRESS 30750 U.S. Hwy 19 North

3.4 CITY-ST-ZIP Palm Harbor, FL 34684

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/12/99 (727) 771-
Date Daytime Phone #

CR2E034 (11/98)

0426652