

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000046290 (1)

1. Corporation Name

B & M SUPPLY, INC.



Principal Place of Business

1450 METZ AVE.
SANFORD FL 32771

Mailing Address

1450 METZ AVE.
SANFORD FL 32771

2. Principal Place of Business

2a. Mailing Address

21 240 Power Ct.

26 240 Power Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #132

27 #132

City & State

City & State

23 Sanford FL

28 Sanford FL

Zip Country

Zip Country

24 32771

25

29 32771

30

3. Date Incorporated or Qualified

06/29/1993

3a. Date of Last Report

01/24/1995

4. FEI Number

59-3201202

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODBREAD, MIKE
1450 METZ AVE.
SANFORD FL 32771

81 Name

MIKE Goodbread

82 Street Address (P.O. Box Number is Not Acceptable)

779 MEADOWSIDE Ct.

83

84 City

Orlando

FL

85 Zip Code

32825

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 607.0105, Florida Statutes.

SIGNATURE

Mike W. Goodbread

(NOTE: Registered Agent signature required when reinstating)

01-15-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D
SODERSTROM, BILL
1450 METZ AVE.
SANFORD FL 32771

TITLE ☐ DELETE

NAME
D
GOODBREAD, MIKE
1450 METZ AVE.
SANFORD FL 32771

TITLE ☐ DELETE

NAME
D
GOODBREAD, MIKE
1450 METZ AVE.
SANFORD FL 32771

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TITLE ☐ DELETE

NAME
D
GOODBREAD, MIKE
1450 METZ AVE.
SANFORD FL 32771

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mike W. Goodbread

MIKE Goodbread

1-15-96

407-322-7597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)