

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:00**

DOCUMENT # P94000042220 (1)

1. Corporation Name

CONTRACTOR SERVICE & SUPPLY, INC.

Principal Place of Business

**2700 EVANS AVE
SUITE #2
FT MYERS FL 33901**

Mailing Address

**2700 EVANS AVE
SUITE #2
FT MYERS FL 33901**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/07/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

145-0495988

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

**BARKER, R. SCOTT
2300 MCGREGOR BLVD
SUITE 2
FT MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

TITLE

D

NAME

THOMPSON, MARSHA P

STREET ADDRESS

14420 PINE LILY DR

CITY - ST - ZIP

FT MYERS FL 33908

TITLE

D

NAME

THOMPSON, GARY R

STREET ADDRESS

17582 BOAT CLUB DR SW

CITY - ST - ZIP

FT MYERS FL 33908

TITLE

D

NAME

THOMPSON, ROBIN M

STREET ADDRESS

10475 GULF SHORE DR

CITY - ST - ZIP

NAPLES FL 33963

TITLE

D

NAME

THOMPSON, SHARON M

STREET ADDRESS

30 TIMBERLAND CIR

CITY - ST - ZIP

FT MYERS FL 33910

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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

REMITTED BY MAY 1

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(1)(k), Florida Statutes. I further certify that the information indicated on this 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 of the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, upon an agreement with all officers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

4/28/95

813-332-0986