

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90001 031 \*\*\*550.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P95000000401 V

1. Corporation Name  
**BOLD CITY SUPPLY, INC.**

596944 - 90001 - 51



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
~~837 S LANE AVE~~  
~~JACKSONVILLE FL 32205~~  
**8650 Normandy Blvd.**  
**Jax. FL 32221**  
 P O BOX 37044  
 JACKSONVILLE FL 32236

3. Date Incorporated or Qualified  
**01/01/1995**

2. Principal Place of Business 2a. Mailing Address  
**8650 Normandy Blvd**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Jax FL**  
 City & State City & State  
 Zip Country Zip Country  
**32221 USA**

4. FEI Number Applied For  
**59-3286338** 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.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, EDWARD M  
 837 S LANE AVE  
 JACKSONVILLE FL 32205

81 Name **Powell, Edward M.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**8650 Normandy Blvd**  
 83  
 84 City **Jacksonville** FL 85 Zip Code **32221**

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]* DATE **7/19/99**

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	POWELL, EDWARD M
STREET ADDRESS	837 S LANE AVE
CITY-ST-ZIP	JACKSONVILLE FL 32205
TITLE	D <input type="checkbox"/> DELETE
NAME	POWELL, JUDITH A
STREET ADDRESS	837 S LANE AVE
CITY-ST-ZIP	JACKSONVILLE FL 32205
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Powell, Edward M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	8650 Normandy Blvd.
1.3 STREET ADDRESS	Jacksonville, FL 32221
1.4 CITY-ST-ZIP	
2.1 TITLE	Powell, Judith A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	8650 Normandy Blvd
2.3 STREET ADDRESS	Jacksonville FL 32201
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* DATE: **7/19/99** 904-781-5546

CR2E034 (5/99)