


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000005449 (0)

1. Corporation Name:
PROFESSIONAL SUPPLY OF LARGO, INC.



Principal Place of Business 550 EAST BAY DRIVE LARGO FL 34640	Mailing Address 550 EAST BAY DRIVE LARGO FL 33770-3720
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3. Date Incorporated or Qualified 01/19/1995	3a. Date of Last Report 03/29/1996
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2. Principal Place of Business 21 1615 So Myrtle AVE Suite, Apt. #, etc.	2a. Mailing Address 26 1615 So Myrtle AVE Suite, Apt. #, etc.	4. FEI Number 59-3293813	Applied For Not Applicable
22 City & State Clearwater FLA.	27 City & State Clearwater FLA.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 34616	28 Zip 34616	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country US	29 Country US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent JERNIGAN, ROBERT J 550 EAST BAY DRIVE LARGO FL 34640	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1615 So Myrtle AVE 83 84 City Clearwater FL 85 Zip Code 34616
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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: *Robert J. Jernigan* **Robert Jernigan Director 4/21/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE X Change <input type="checkbox"/> Addition	
NAME JERNIGAN, ROBERT J		1.2 NAME	
STREET ADDRESS 550 EAST BAY DR.		1.3 STREET ADDRESS 1615 So Myrtle AVE	
CITY-ST-ZIP LARGO FL 34640		1.4 CITY-ST-ZIP Clearwater FLA 34616	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE X Change <input type="checkbox"/> Addition	
NAME LEE, BARRY J		2.2 NAME	
STREET ADDRESS 550 EAST BAY DR.		2.3 STREET ADDRESS 1615 So Myrtle AVE	
CITY-ST-ZIP LARGO FL 34640		2.4 CITY-ST-ZIP Clearwater FL 34616	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Robert J. Jernigan* **Robert Jernigan 4/21/97** **813-559-7991**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)