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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000038142 (1)**

1. Corporation Name
CENTRAL CONTRACTOR'S SUPPLY, INC.

Principal Place of Business
200 SOUTH BISCAYNE BLVD., SUITE 4920
MIAMI FL 33131-2352

Mailing Address
200 SOUTH BISCAYNE BLVD., SUITE 4920
MIAMI FL 33131-2340

3. Date Incorporated or Qualified: 04/29/1996
3a. Date of Last Report:

2. Principal Place of Business
21 7900 NW 64 St
22 Suite, Apt #, etc: N/A
23 City & State: Miami Florida
24 Zip: 33166
25 Country: USA

2a. Mailing Address
26 7900 NW 64 ST
27 Suite, Apt #, etc.: N/A
28 City & State: Miami, Florida
29 Zip: 33166
30 Country: USA

4. FEI Number: 65-0674341 — 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
STIEGLITZ, NICK W JR.
200 SOUTH BISCAYNE BLVD., SUITE 4920
MIAMI FL 33131-2352

10. Name and Address of New Registered Agent
81 Name: GLENN H COOPER
82 Street Address (P.O. Box Number is Not Acceptable): Central Contractor's Supply, Inc.
83 7900 NW 64 ST
84 City: MIAMI FL
85 Zip Code: 33166

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: President — 4/7/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	COOPER, GLENN H
STREET ADDRESS	4940 SW 89TH PLACE
CITY-ST-ZIP	MIAMI FL 33165
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	PRESIDENT + DIRECTOR	☑ Change ☐ Addition
1.2 NAME	GLENN H. COOPER	
1.3 STREET ADDRESS	7900 NW 64 St	
1.4 CITY-ST-ZIP	MIAMI FLORIDA 33166	
2.1 TITLE	Vice-President-Purchasing	☐ Change ☑ Addition
2.2 NAME	James Nowosad	
2.3 STREET ADDRESS	7900 NW 64 St.	
2.4 CITY-ST-ZIP	Miami, FL. 33166	
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		

CR2E034 (9/96)

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: President — 4/7/97 — (305) 591-0087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #