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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000038142

1. Corporation Name

CENTRAL CONTRACTOR'S SUPPLY, INC.

Principal Place of Business

**7900 NW 64 ST.
MIAMI FL 33166
US**

Mailing Address

**7900 NW 64 ST.
MIAMI FL 33166
US**


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1996

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 owes the current year Intangible
 Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

**COOPER, GLENN
CENTRAL CONTRACTOR'S SUPPLY, INC.
7900 NW 64 ST.
MIAMI FL 33166**

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 (use if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
**NAME
COOPER, GLENN H
STREET ADDRESS
7900 NW 64 ST.
CITY-ST-ZIP
MIAMI FL**
TITLE **VP** ☐ DELETE
**NAME
NOWOSAD, JAMES
STREET ADDRESS
7900 NW 64 ST.
CITY-ST-ZIP
MIAMI FL**
TITLE **VP** ☒ DELETE
**NAME
GONZALEZ, FRANCISCO O.
STREET ADDRESS
7900 NW 64 ST.
CITY-ST-ZIP
MIAMI FL 33166**
TITLE ☐ DELETE
**NAME
STREET ADDRESS
CITY-ST-ZIP**
*No longer an officer
of Corporation*
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 ☐ 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

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)