

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 12, 1999 8:00 am
Secretary of State

0100330

PROFIT CORPORATION ANNUAL REPORT 1999



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

07-12-1999 90013 027 ***550.00

DOCUMENT # P97000036357

1. Corporation Name
CONTRACTORS SUPPLY, INC.



Principal Place of Business: 3592 KENT DR, NAPLES FL 34112
 Mailing Address: 3592 KENT DR, NAPLES FL 34112

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
3592 KENT DR NAPLES FL 34112		3592 KENT DR NAPLES FL 34112		04/21/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3444296	
City & State		City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	
25		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STANLEY, JAMES M 3592 KENT DR NAPLES FL 34112				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

I, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	STANLEY, JAMES M <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3592 KENT DR	1.2 NAME	
CITY-STATE-ZIP	NAPLES FL 34112	1.3 STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	
STREET ADDRESS		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		2.2 NAME	
NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY-STATE-ZIP	
CITY-STATE-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-STATE-ZIP		4.3 STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		5.2 NAME	
NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-STATE-ZIP	
CITY-STATE-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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: *James M. Stanley* (JAMES M. Stanley) 7-7-99 (941) 732-1952
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E034 (5/99)