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PROFIT CORPORATION **ANNUAL REPORT**

1998



FCORIDA DEPARTMENT OF STATE

Sandra Ø. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000038251 (9) DOCUMENT #

PROFESSIONAL BUILDING SUPPLIES, INC.

Principal Place of Business Mailing Address 546 1ST ST VERO BEACH FL 32962 VERO BEACH FL 32962 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/28/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 🗷 Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 NALL, ROBERT C BARKETT ERIC C. 3355 OCEAN DRIVE ress (P.O. Box Number is Not Acceptable) 82 VERO BEACH FL 32963 83

Zip Code 32960 11. Pursuant to the provisions of Sections 607 0502 and 607 3508, 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligation of 0. Section 607.0505, Florida Statutes.

vero

BEAC 4

OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1 1 TITLE DD Change **★** Addition NAME NALL, ROBERT C 12 NAME HITE, DAVID 205 10th Stepet SW 3355 OCEAN DRIVE STREET ADDRESS 13 STREET ADDRESS VERO BEACH FL 32983 CITY-ST-ZIP 14 CHTY-ST-ZIP UERO BEACH FL 32962 TITLE DELETE 21 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 2 3 STHEET ADDRESS CITY-SI-7IP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE Change Addition 41 11111 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP DELETE THILE 61 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STHEET ADDRESS** CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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

SIGNATURE

APRIL 23, 1998

561-978-9107

FILED

May 15 1998 8:00am

Secretary of State