

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

FILED

**Apr 17 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 # S98570 (2)

1. Corporation Name
FORM-CO SUPPLY, INC.



Principal Place of Business P.O. BOX 24507 LAKELAND FL 33802	Mailing Address P.O. BOX 24507 LAKELAND FL 33802-4507
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3. Date Incorporated or Qualified 12/03/1991		3a. Date of Last Report 04/23/1996	
2. Principal Place of Business		4. FEI Number 59-3084404	
2a. Mailing Address		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country	29. Zip	
		30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHAFFER, ALLEN G. 1328 W. OLIVE STREET LAKELAND FL 33801				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

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 and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Allen G. Shaffer* DATE: **4/9/97**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOPESKY, DELLOS A			1.2 NAME			
STREET ADDRESS	22942 LEAFWOOD CT			1.3 STREET ADDRESS			
CITY - ST - ZIP	LAND-O-LAKES FL			1.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDRICK, GARY L.			2.2 NAME			
STREET ADDRESS	1245 HAYMARKET DRIVE			2.3 STREET ADDRESS			
CITY - ST - ZIP	LAKELAND FL			2.4 CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAFFER, ALLEN G.			3.2 NAME			
STREET ADDRESS	2703 ST. CLOUD OAKS DR			3.3 STREET ADDRESS			
CITY - ST - ZIP	VALRICO FL			3.4 CITY - ST - ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAFFER, CELIA W.			4.2 NAME			
STREET ADDRESS	2703 ST. CLOUD OAKS DR			4.3 STREET ADDRESS			
CITY - ST - ZIP	VALRICO FL			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)(j), 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: *Celia Shaffer* **REQUIRED** DATE: **4-9-97** DAYTIME PHONE #: **941-688-3540**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)