

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

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90030 031 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 822718

1. Corporation Name  
**PATRICK INDUSTRIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 P O BOX 638 P O BOX 638  
 1800 S. 14TH ST. 1800 S. 14TH ST.  
 ELKHART IN 46516-2275 ELKHART IN 46516-2275

3. Date Incorporated or Qualified  
**04/30/1969**

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip  
 24 Country 25 Country 29 Country 30 Country

4. FEI Number  
**35-1057796**

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

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KNISPEL, MERLIN	
STREET ADDRESS	900 E WOBASY AVE	
CITY-ST-ZIP	HAPPANEE IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUNG, DOROTHY M	
STREET ADDRESS	1334 W WOLF AVE	
CITY-ST-ZIP	ELKHART IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TIMMINS, ROBERT C	
STREET ADDRESS	611 EISENHAWER	
CITY-ST-ZIP	GRAND JUNCTION CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WYLAND, HAROLD E	
STREET ADDRESS	1800 SOUTH 14TH	
CITY-ST-ZIP	ELKHART IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDERMOTT, JOHN	
STREET ADDRESS	1800 S 14TH STREET	
CITY-ST-ZIP	ELKHART, IND 0	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUNG, DAVID D.	
STREET ADDRESS	1800 S. 14TH ST.	
CITY-ST-ZIP	ELKHART IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman of the Board & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mervin D. Lung <b>DIRECTOR</b>
1.3 STREET ADDRESS	1800 S. 14th St.
1.4 CITY-ST-ZIP	Elkhart IN
2.1 TITLE	<del>V.P. MFG &amp; Operations</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas G. Baer <b>DIRECTOR</b>
2.3 STREET ADDRESS	1800 S. 14th St.
2.4 CITY-ST-ZIP	Elkhart IN
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Clyde H. Keith
3.3 STREET ADDRESS	1800 S. 14th St.
3.4 CITY-ST-ZIP	Elkhart IN
4.1 TITLE	V.P. Finance, Secretary & <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Keith V. Kankel <b>Treasurer-DIRECTOR</b>
4.3 STREET ADDRESS	1800 S. 14th St.
4.4 CITY-ST-ZIP	Elkhart IN
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Keith V. Kankel* KEITH V. KANKEL  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99 219-294-7511  
 Date Daytime Phone #

CR2E034 (1/1/98)