## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

H12041

DOCUMENT #

Entity Name IANNING BUILDING SUPPL	JES, INC.	
ncipal Place of Business	Mailing Address	



**FILED** May 02, 2003 8:00 am § Secretary of State

05-02-2003 90399 003 \*\*\*150.00

Principal Place of Business C/O JAMES H. CISSEL C/O JAMES H. CISSEL 10900 PHILLIPS HIGHWAY JACKSONVILLE FL 32256  Mailing Address C/O JAMES H. CISSEL 10900 PHILLIPS HIGHWAY JACKSONVILLE FL 32256																
Principal Place of Business     3. Mailing Address								111111	III MIMEN		i i i i i i i i i i i i i i i i i i i			OIDII BIBII	0101)	
Suite, Apt. #, etc. Suite, Apt. #, etc.					***				☐ CH	IECK H	IERE IF	- MAKII	NG CI	HANGES		
City & State City & State								4. FE	l Numb	er 59	-2398	3136				pplied For
Zip		Country	Zip		Coun	try		<b>5</b> . Ce	ertificate	of Stat	us Desi	red			.75 Ad Require	
	6 Name	and Address of Current	Register	ed Agent				7. Na	me and	Addre	ss of N	lew Re	gistere	d Age	nt	
						Name										
-	James H;. Hillips Hw	V				Street Address (P.O. Box Number is Not Acceptable)										
	NVILLE FL 3															
						City							F	L	Zip Cod	е
	e named entit tions of regist	y submits this statement fo ered agent.	r the purp	oose of changing its	register	ed office or	registered	d ager	it, or bo	th, in th	e State	of Flor	ida. I ai	n fam	iliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent a	ınd title if app	oficable. (NOTE	: Registere	d Agent signat.	ure required wt	hen reins	stating)				DATE	_		
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State								Campaig d Contri	-	_			0 May Be d to Fees
10		OFFICERS AND	DIRECTO	RS	11.			ADD	ITIONS,	CHAN	GES TO	OFFIC	CERS A	ND DI	RECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	VPD MANNING 1941 S.E. OCALA F	37TH CT. CIRCLE		☐ Delete											] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IAMES H ON ROAD IVILLE BEACH FL		☐ Delete											] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOLZE, K 5994 CHE JACKSON	VY DR		☐ Delete								-			] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BANGERT 4084 SE 2 OCALA FI	, GREG 23RD AVE		☐ Delete											Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3759 RAN	George Dall RD Ove Springs FL 3204	3	☐ Delete											] Change	☐ Addition
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE		V P GE01 12/5	FFR 8	Ripk	W,	GA	RTN Leuc	ER N.		) Change	Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

JACK SONVILLE

904-268-2622

32224