FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED APPROVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **145167** **(3)**

1. Corporation Name
CBS BUILDERS SUPPLY, INC.

Principal Place of Business	Mailing Address
1000 CARROLL ST. P O BOX 120158 CLERMONT FL 34712-7158	1000 CARROLL ST. P O BOX 120158 CLERMONT FL 34712 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/08/1945**
3a. Date of Last Report: **04/07/1994**

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

4. FEI Number: **59-0540616** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANASTASIA, DENISE
1000 CARROLL STREET
CLERMONT FL 34711

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CVD	1.1 TITLE	☐ Change ☐ Addition
NAME	WOLFE,LAWSON L	1.2 NAME	
STREET ADDRESS	1275 W LAKE SHORE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	P D ☒ Change ☐ Addition
NAME	ANASTASIA, DENISE W.	2.2 NAME	Anastasia, Denise W.
STREET ADDRESS	9025 VILLAGER GREEN BLVD	2.3 STREET ADDRESS	10832 CR 561-A
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	Clermont FL 34711
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	GIDDENS, VALERIA	3.2 NAME	
STREET ADDRESS	7521 E DOUGLAS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WOLFE, LAWSON L. II	4.2 NAME	
STREET ADDRESS	5251 TIGER EYE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	HADDOX, TINA S	5.2 NAME	
STREET ADDRESS	210 E DESOTO STREET APT B	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 23	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Denise W Anastasia 01-16-95 (904) 394-2116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074900 CP