

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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
**1000 CARROLL ST.
P O BOX 120158
CLERMONT FL. 34712-7158**

Mailing Address
**1000 CARROLL ST.
P O BOX 120158
CLERMONT FL. 34712
US**

3. Date Incorporated or Qualified
12/08/1945

3a. Date of Last Report
04/14/1995

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
85 Zip Code
FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CVD	<input type="checkbox"/> DELETE
NAME	WOLFE, LAWSON L	
STREET ADDRESS	1275 W LAKE SHORE DR	
CITY - ST - ZIP	CLERMONT FL.	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANASTASIA, DENISE W.	
STREET ADDRESS	10832 CR 561-A	
CITY - ST - ZIP	CLERMONT FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GIDDENS, VALERIA	
STREET ADDRESS	7521 E DOUGLAS RD	
CITY - ST - ZIP	GROVELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLFE, LAWSON L. II	
STREET ADDRESS	5251 TIGER EYE LANE	
CITY - ST - ZIP	HERNANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HADDOX, TINA S	
STREET ADDRESS	210 E DESOTO STREET APT B	
CITY - ST - ZIP	CLERMONT FL 23	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 (352)399-2116

Date Daytime Phone #

CR2E034 (12/95)