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FILED

May 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 154541 (7)

1. Corporation Name

NASSAU BUILDING AND SUPPLY COMPANY

Principal Place of Business

1129 SOUTH EIGHT ST
FERNANDINA BEACH FL 32034

Mailing Address

1129 SOUTH EIGHT ST
FERNANDINA BEACH FL 32034-3710



2. Principal Place of Business

21 914 Atlantic Ave.

22 STE: 1A

23 Fernandina Bch., FL

24 32034

25 Nassau

2a. Mailing Address

26 914 Atlantic Ave

27 STE: 1A

28 Fernandina Bch. FL

29 32034

30 Nassau

3. Date Incorporated or Qualified

04/05/1948

3a. Date of Last Report

03/26/1996

4. FEI Number

59-0580510

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

8. Name and Address of Current Registered Agent

WHITE, ROBERT M
502 BROOME ST
FERNANDINA BCH FL 32034

10. Name and Address of New Registered Agent

81 Name Michael S. McCranie
82 Street Address (P.O. Box Number is Not Acceptable)
914 Atlantic Ave., STE: 1A
83
84 City Fernandina Bch. FL 85 Zip Code 32034

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 type or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	WHITE, MARY AGNES	502 BROOME STREET	FERNANDINA BCH FL	<input checked="" type="checkbox"/>
D	PICKETT, LORRAINE	RT 3 BOX 2160 NA	CALLAHAN FL	<input checked="" type="checkbox"/>
STD	WHITE, ROBERT M	502 BROOME STREET	FERNANDINA BCH FL	<input checked="" type="checkbox"/>
D	WHITE, ROBERT M	502 BROOME STREET	FERNANDINA BCH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Clyton Buchanan	914 Atlantic Ave., STE: 1A	Fernandina Bch. FL 32034	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary/Treasurer	Michael S. McCranie	914 Atlantic Ave., STE: 1A	Fernandina Bch. FL 32034	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

Michael McCranie 4-30-97 (04) 277-2639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)