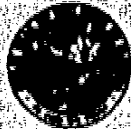


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 234382 (0)

1. Corporation Name:

LEESBURG BUILDING MATERIALS, INC.

APPROVED
AND
FILED

95 APR 19 AM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

377 N.W. 14TH ST.
OCALA, FL 34475
US

Mailing Address

P.O. BOX 1389
OCALA FL 34478
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/14/1980

3a. Date of Last Report

06/07/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-0009822

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOXON, JAMES G
377 NW 14TH ST
OCALA FL 34475

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code
34475

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	MOXON, JAMES G
STREET ADDRESS	377 N.W. 14TH STREET
CITY - ST - ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP	34475	
2.1 TITLE	V S	☐ Change ☒ Addition
2.2 NAME	HENRY J. G. MOXON	
2.3 STREET ADDRESS	377 N.W. 14TH STREET	
2.4 CITY - ST - ZIP	OCALA, FL 34475	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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:

HENRY J. G. MOXON

VICE-PRESIDENT

4/6/95

404/772-0167