FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:07

DOCUMENT # 247884 (0)

1. Corporation Name
BUILDING SUPPLY CREDIT ASSN OF SARA-MANA INC

Principal Place of Business	Mailing Address
2122 10TH STREET P.O. BOX 12009 (ZIP 34278-2009) SARASOTA FL 34237	2122 10TH STREET P.O. BOX 12009 (ZIP 34278-2009) SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/27/1961
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0931573 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

LEUTHOLD, PATRICIA W
2122 10TH STREET
SARASOTA, FL
34237

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOOS, SHIRLEY
STREET ADDRESS	240 S. PINEAPPLE AVE.
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	HINMAN, ROBERT
STREET ADDRESS	5330 PINKNEY AVE.
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	VD
NAME	KAUFFMAN, RONALD G
STREET ADDRESS	1035 N LIME
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	PD
NAME	RICHARDSON, RAYMOND T,JR
STREET ADDRESS	1001 N. WASHINGTON BLVD.
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	STD
NAME	FULTON, GEMMA
STREET ADDRESS	3801 N. ORANGE AVE.
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	D
NAME	LEUTHOLD, PATRICIA W
STREET ADDRESS	2122 10TH STREET
CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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)(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: Patricia W Leuthold 3/9/95 813 951-6657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Patricia W PATRICIA W LEUTHOLD

0342602 CP