

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 20 1998 8:00am  
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | FLORIDA DEPARTMENT OF STATE<br>Sandra S. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # 247884 (0)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                     |  |
| 1. Corporation Name<br>BUILDING SUPPLY CREDIT ASSN OF SARA-MANA INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                     |  |
| Principal Place of Business<br>2122 10TH STREET<br>SARASOTA FL 34237                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Mailing Address<br>PO BOX 49123<br>SARASOTA FL 34230-6123<br>US                                                                                     |  |
| 2. Principal Place of Business<br>21 Suite Apt #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 2a. Mailing Address<br>26 Suite, Apt #, etc.                                                                                                        |  |
| 22 City & State<br>23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 27 City & State<br>28                                                                                                                               |  |
| 24 Zip<br>25 Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 29 Zip<br>30 Country                                                                                                                                |  |
| 9. Name and Address of Current Registered Agent<br>LEUTHOLD, PATRICIA W<br>2122 10TH STREET<br>SARASOTA, FL<br>34237                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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<br>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                     |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                               |  |
| TITLE D<br>NAME BUCKLEW, RICHARD<br>STREET ADDRESS 1709 9TH ST EAST<br>CITY - ST - ZIP BRADENTON FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 1.1 TITLE D<br>1.2 NAME Dale Lehman<br>1.3 STREET ADDRESS 698 Bell Rd<br>1.4 CITY - ST - ZIP Sarasota FL 34240                                      |  |
| TITLE D<br>NAME HINMAN, ROBERT<br>STREET ADDRESS 5330 PINKNEY AVE.<br>CITY - ST - ZIP SARASOTA, FL 00000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 2.1 TITLE D<br>2.2 NAME Edwin Thompson<br>2.3 STREET ADDRESS 5330 Pinkney Ave<br>2.4 CITY - ST - ZIP Sarasota FL 34233                              |  |
| TITLE VD<br>NAME KAUFFMAN, RONALD G<br>STREET ADDRESS 1035 N LIME<br>CITY - ST - ZIP SARASOTA, FL 00000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP                                                                                  |  |
| TITLE PD<br>NAME RICHARDSON, RAYMOND T, JR<br>STREET ADDRESS 1001 N. WASHINGTON BLVD.<br>CITY - ST - ZIP SARASOTA, FL 00000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP                                                                                  |  |
| TITLE STD<br>NAME FULTON, GEMMA<br>STREET ADDRESS 3801 N. ORANGE AVE.<br>CITY - ST - ZIP SARASOTA, FL 00000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP                                                                                  |  |
| TITLE D<br>NAME LEUTHOLD, PATRICIA W<br>STREET ADDRESS 2122 10TH STREET<br>CITY - ST - ZIP SARASOTA FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP                                                                                  |  |
| 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.<br>RAYMOND T. RICHARDSON, JR., PRES |  |                                                                                                                                                     |  |
| SIGNATURE:<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Date 941-951-6657                                                                                                                                   |  |