

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90153 028 ***150.00

DOCUMENT # 247884

1. Corporation Name

BUILDING SUPPLY CREDIT ASSN OF SARA-MANA INC

Principal Place of Business

2122 10TH STREET
SARASOTA FL 34237

Mailing Address

PO BOX 49123
SARASOTA FL 34230-6123
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1961

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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

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 ☐ DELETE

NAME D
LEHMAN, DALE
STREET ADDRESS 698 BELL RD.
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☐ DELETE

NAME D
THOMPSON, EDWIN
STREET ADDRESS 5330 PINKNEY AVE.
CITY-ST-ZIP SARASOTA FL 34233

TITLE ☐ DELETE

NAME VD
KAUFFMAN, RONALD G
STREET ADDRESS 1035 N LIME
CITY-ST-ZIP SARASOTA, FL 00000

TITLE ☐ DELETE

NAME PD
RICHARDSON, RAYMOND T, JR
STREET ADDRESS 1001 N. WASHINGTON BLVD.
CITY-ST-ZIP SARASOTA, FL 00000

TITLE ☐ DELETE

NAME STD
FULTON, GEMMA
STREET ADDRESS 3801 N. ORANGE AVE.
CITY-ST-ZIP SARASOTA, FL 00000

TITLE ☐ DELETE

NAME D
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

4023 SAWYER RD #106
34233

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

DENICE LUND
1001 N. WASHINGTON BLVD
SARASOTA FL 34237

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 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, with all other like empowered.

SIGNATURE *Patricia W. Leuthold* Director 2-19-99 941-951-6657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)