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 15 PM 3:06

DOCUMENT # 249465 (6)

1. Corporation Name
LA BELLE BUILDING SUPPLY, INC.

Principal Place of Business	Mailing Address
870 SOUTH MAIN STREET P.O. BOX 756 LABELLE FL 33935	870 SOUTH MAIN STREET P.O. BOX 756 LABELLE FL 33935

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/09/1966	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0936749	☐ 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

BRUNER,JOHN J
HIGHWAY 29 S
LABELLE FL 33935

10. Name and Address of New Registered Agent

81 Name: John J. Bruner
82 Street Address (P.O. Box Number is Not Acceptable): 3rd Avenue & Crawford Street
83
84 City: LaBelle FL 85 Zip Code: 33935

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
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	JAHNA, E. R.	1.2 NAME	
STREET ADDRESS	FIRST ST & TILLMAN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	BRUNER, JOHN J	2.2 NAME	
STREET ADDRESS	3RD AVE & CRAWFORD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	STD ☒ Change ☐ Addition
NAME	THIGPEN, GREG C	3.2 NAME	THIGPEN, GREG C
STREET ADDRESS	OLD WHIDDEN ROAD	3.3 STREET ADDRESS	TOWNSEND LAND SW ORTONA
CITY-ST-ZIP	LABELLE, FL 00000	3.4 CITY-ST-ZIP	LABELLE FL 33935
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Greg Thigpen 2-10-95 813675011
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
GREG C THIGPEN

0401000 FP