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

APPROVED AND FILED
95 APR 28 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **251613** **(6)**

1. Corporation Name
ADAMS BUILDING COMPONENTS, INC.

Principal Place of Business	Mailing Address
1801 7TH STREET S W WINTER HAVEN FL 33880-4376	1801 7TH STREET S W WINTER HAVEN FL 33880-4376

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/27/1961**
3a. Date of Last Report: **02/16/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-0937875** ☐ 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

9. Name and Address of Current Registered Agent

ADAMS, GREGORY J.
1801 7TH ST., SW.
2135 EDGEWATER CIR.
WINTER HAVEN FL 33880

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
Signature, typed or printed name of registered agent and the d 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	VD	☒ Change ☐ Addition
NAME	MOORE, GARY	1.2 NAME	MOORE, GARY E.	
STREET ADDRESS	243 SANTA ROSA DR. SE	1.3 STREET ADDRESS	3524 FOXRIDGE ST	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, GREGORY J	2.2 NAME		
STREET ADDRESS	2135 EDGEWATER CIR	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN,FL 00000	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	ADAMS, DIANE	3.2 NAME	ADAMS-WIENMAN, DIANE	
STREET ADDRESS	9 EAGLES NEST DR.	3.3 STREET ADDRESS	201 AVONDALE	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, JOSEPH R.	4.2 NAME		
STREET ADDRESS	13 ARROWHEAD DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP		
TITLE	C	5.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, FRED P	5.2 NAME		
STREET ADDRESS	1907 MANOR CIR. DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	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)(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: _____ 4/25/95 813-294-0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0914023 CP