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

PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT DE STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 355333

BUILDING MATERIALS CENTER INC

Principal Place of Business

Mailing Address

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90051 038 ***150.00



6971 W NASA BLVD 6971 W NASA BLVD W. MELBOURNE FL 32904 W. MELBOURNE FL 32904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/14/1969 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1277827 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 29 30 Personal Property Tax. ☐ Yes □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SAME WARDMAN, LEONARD D. Street Address (P.O. Box Number is Not Acceptable) 414 FINCH DRIVE SATELLITE BEACH FL 32937 83 City 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 a	m familiar with, and accept the obligations of, §	Section 607.0505, Flor	ida Statutes.	with bould of directors. I fictory accept the appointment as to	gistered
SIGNATURE				·	
	Signature, typed or printed name of registered agent and title if a	··-	Registered Agent signature require		
12.	OFFICERS AND DIRECTORS		. 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12
TITLE	Р	DELETE	1,1 TITLE	☐ Change	Addition
NAME	WARDMAN, LEONARD D		1.2 NAME		
STREET ADDRESS	414 FINCH DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL 32937		1.4 CITY-ST-ZIP	·	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	ROBERTSON, DOUGLAS G		2.2 NAME		
STREET ADDRESS	618 SUGAR PINE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST MELBOURNE FL 32904		2.4 CITY-ST-ZIP	• · · •	II.
TITLE	ST	☐ DELETE	3.1 TITLE	Change	Addition
NAME	MATTHEWS, EARL E III		3.2 NAME		
STREET ADDRESS	560 LAKE ASHLEY CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST MELBOURNE FL 32904		3.4. CITY-ST-ZIP		
TITLE	• • • • • • • • • • • • • • • • • • • •	☐ DELETE	4.1 TITLE	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change	☐ Addition
NAME			5.2 NAME	· ·	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		ı
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	_		6.4 CITY-ST-ZIP		

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 receive of rustee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on/an attachment with an address, with all other like empowered.

SIGNATURE:

2 - 1 - 99 1101 - 113 - 8246

Daytime Phone #