FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 15, 2001 8:00 am **DOCUMENT # 357210 Secretary of State** DURHAM BUILDING MATERIALS, INC. 02-15-2001 90089 008 ***150.00 Principal Place of Business Mailing Address C/O LEE MORRIS C/O LEE MORRIS 111444 5914 NORWOOD AVENUE 5914 NORWOOD AVENUE JACKSONVILLE FL 32208-1346 JACKSONVILLE FL 32208-1346 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1279693 Not Applicable Zip Country Country ___ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORRIS, LEE Street Address (P.O. Box Number is Not Acceptable) 5914 NORWOOD AVENUE JACKSONVILLE FL 32208 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEE, MORRIS S NAME NAME STREET ADDRESS STREET ADDRESS **4239 IRVINGTON AVE** CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL TITLE Delete TITLE Change **★** Addition Anderson, VICKY 2373 Davis La Jacksonville, FC GILBERT, WAYNE 🗻 ـ NAME .____ NAME STREET ADDRESS 2719 RIVERSIDE AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE TITLE ☐ Change Addition Delete NAME THURMAN, MITCHELL L. NAME STREET ADDRESS 1303 ARDEN WAY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with practices.

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04-764-954] Daytime Phone #