

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 358859 (7)

1. Corporation Name
WEST BUILDING MATERIALS OF FLORIDA, INC.

Principal Place of Business 5775 GLENRIDGE DR. BLDG D SUITE 500 ATLANTA GA 30328 US	Mailing Address 5775 GLENRIDGE DR. BLDG D SUITE 500 ATLANTA GA 30328-5380 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/28/1970	3a. Date of Last Report 04/24/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 58-1080903		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SEATS, HARLON	11 TITLE	
NAME	5775 GLENRIDGE DR, BLDG D, STE 500	12 NAME	
STREET ADDRESS	ATLANTA GA	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	C WEST, G V	21 TITLE	
NAME	1100 CIRCLE 75 SUITE 760	22 NAME	
STREET ADDRESS	ATLANTA GA	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	T CROSTA, EDWARD A	31 TITLE	
NAME	5775 GLENRIDGE DR, BLDG D, STE 500	32 NAME	
STREET ADDRESS	ATLANTA GA	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	S CROSTA, EDWARD A	41 TITLE	
NAME	5775 GLENRIDGE DR, BLDG D, STE 500	42 NAME	
STREET ADDRESS	ATLANTA GA	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  Edward A. Crosta VP, Sec. + Treas. 4-28-97 404-841-7806
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)