

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 406532

(2)

1. Corporation Name

FLORIDA KEYS BUILDING SUPPLIES, INC.

95 MAY -1 PM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

RT. 8, BOX 420A
SUMMERLAND KEY FL 33042

Mailing Address

RT. 8, BOX 420A
SUMMERLAND KEY FL 33042

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/08/1972

3a. Date of Last Report

04/18/1994

4. FEI Number

59-1408222

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. 190.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

GATES JR, JOSEPH L.
ROUTE 2 BOX 420A
SUMMERLAND KEY FL 33042

10. Name and Address of New Registered Agent

81 Name

Michael H Cates

82 Street Address (P.O. Box Number is Not Acceptable)

#8 Key Lime Square

83 City

Key West

84 State

FL

85 Zip Code

33040

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

[Signature]

(NOTE: Registered Agent signature required when registering)

4/28/95

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	CATES JR, JOSEPH L.
STREET ADDRESS	RT. 2 BOX 420A
CITY - ST - ZIP	SUMMERLAND KEY FL
TITLE	DSP
NAME	CATES, MICHAEL H.
STREET ADDRESS	#8 KEY LIME ST
CITY - ST - ZIP	KEY WEST FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	D.P.S. Michael H Cates
2.3 STREET ADDRESS	#8 Key Lime Square
2.4 CITY - ST - ZIP	Key West Florida 33040
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

305 291-3225