FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **536856** **(8)**

1. Corporation Name
KEVCO INC.

Principal Place of Business
~~1240 SOLITUDE LN~~
~~SUITE PH 2-S~~
~~SARASOTA FL 34242-2956~~
~~US~~

Mailing Address
~~1240 SOLITUDE LN~~
~~SUITE PH 2-S~~
~~SARASOTA FL 34242-2956~~
~~US~~

2. Principal Place of Business
21 9397 Midnight Pass Rd
Suite, Apt. #, etc.
22 PH 2-S
City & State
23 Sarasota Fl.
Zip 24 34242 Country 25

2a. Mailing Address
26 9397 Midnight Pass Rd.
Suite, Apt. #, etc.
27 PH. 2-S
City & State
28 Sarasota Fl.
Zip 29 34242 Country 30

3. Date Incorporated or Qualified: 06/10/1977
3a. Date of Last Report: 01/20/1995
4. FEI Number: 59-1753943 — 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**
MCKEAN, PAUL L.
3671 WEBBER ST, STE B
SUITE B
SARASOTA FL 34239

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SALA, E.R.
STREET ADDRESS	1240 SOLITUDE LN
CITY, ST, ZIP	SARASOTA FL
☒ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	SALA E.R.
1.3 STREET ADDRESS	9397 Midnight Pass Rd, PH2-S.
1.4 CITY, ST, ZIP	Sarasota FL 34242
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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 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.

KEVCO INC.

SIGNATURE: E Sala 1. 2. 96.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)