

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

**APPROVED  
AND  
FILED**

**95 APR 18 PM 7:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION  
ANNUAL REPORT  
1995**

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

**DOCUMENT # 550702 (5)**

**1. Corporation Name**  
**YANDLE BUILDING MATERIALS, INC.**

**Principal Place of Business**  
**834 N. MAGNOLIA AVENUE  
OCALA FL 32670**

**Mailing Address**  
**834 N. MAGNOLIA AVENUE  
OCALA FL 34475  
US**

**2. Principal Place of Business**  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

**2a. Mailing Address**  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

**3. Date Incorporated or Qualified**  
**11/03/1977**

**3a. Date of Last Report**  
**05/01/1994**

**4. FEI Number**  
**59-1816839**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes** ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**  
**YANDLE, CLARK  
834 N. MAGNOLIA AVENUE  
OCALA FL 32670**

**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

| <b>12. OFFICERS AND DIRECTORS</b>                   |                                           | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> |                                                                   |
|-----------------------------------------------------|-------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------|
| <b>TITLE</b><br><b>PS</b>                           | <b>NAME</b><br><b>YANDLE, CLARK</b>       | <b>1.1 TITLE</b>                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br><b>4400 S.E. 44TH RD</b>   | <b>CITY - ST - ZIP</b><br><b>OCALA FL</b> | <b>1.2 NAME</b>                                              |                                                                   |
|                                                     |                                           | <b>1.3 STREET ADDRESS</b>                                    |                                                                   |
|                                                     |                                           | <b>1.4 CITY - ST - ZIP</b>                                   |                                                                   |
| <b>TITLE</b><br><b>VT</b>                           | <b>NAME</b><br><b>YANDLE, MARY LOIS</b>   | <b>2.1 TITLE</b>                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br><b>4400 S.E. 44TH. RD.</b> | <b>CITY - ST - ZIP</b><br><b>OCALA FL</b> | <b>2.2 NAME</b>                                              |                                                                   |
|                                                     |                                           | <b>2.3 STREET ADDRESS</b>                                    |                                                                   |
|                                                     |                                           | <b>2.4 CITY - ST - ZIP</b>                                   |                                                                   |
| <b>TITLE</b>                                        |                                           | <b>3.1 TITLE</b>                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                                         |                                           | <b>3.2 NAME</b>                                              |                                                                   |
| <b>STREET ADDRESS</b>                               |                                           | <b>3.3 STREET ADDRESS</b>                                    |                                                                   |
| <b>CITY - ST - ZIP</b>                              |                                           | <b>3.4 CITY - ST - ZIP</b>                                   |                                                                   |
| <b>TITLE</b>                                        |                                           | <b>4.1 TITLE</b>                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                                         |                                           | <b>4.2 NAME</b>                                              |                                                                   |
| <b>STREET ADDRESS</b>                               |                                           | <b>4.3 STREET ADDRESS</b>                                    |                                                                   |
| <b>CITY - ST - ZIP</b>                              |                                           | <b>4.4 CITY - ST - ZIP</b>                                   |                                                                   |
| <b>TITLE</b>                                        |                                           | <b>5.1 TITLE</b>                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                                         |                                           | <b>5.2 NAME</b>                                              |                                                                   |
| <b>STREET ADDRESS</b>                               |                                           | <b>5.3 STREET ADDRESS</b>                                    |                                                                   |
| <b>CITY - ST - ZIP</b>                              |                                           | <b>5.4 CITY - ST - ZIP</b>                                   |                                                                   |
| <b>TITLE</b>                                        |                                           | <b>6.1 TITLE</b>                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                                         |                                           | <b>6.2 NAME</b>                                              |                                                                   |
| <b>STREET ADDRESS</b>                               |                                           | <b>6.3 STREET ADDRESS</b>                                    |                                                                   |
| <b>CITY - ST - ZIP</b>                              |                                           | <b>6.4 CITY - ST - ZIP</b>                                   |                                                                   |

**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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *L. Clark Yandle* **L. Clark Yandle 4-13-95 904-732-3000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR