

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 666220

(9)

1. Corporation Name

BUILDING MATERIALS, INC.

Principal Place of Business

**4000 B. ST. JOHNS AVENUE
SUITE #26
JACKSONVILLE FL 32205**

Mailing Address

**4000 B. ST. JOHNS AVENUE
SUITE #26
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1980

3a. Date of Last Report

07/28/1994

4. FEI Number

59-1995413

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. Does corporation have liability for intangible tax under S. 193.032,
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

24

25

29

30

9. Name and Address of Current Registered Agent

**WEED, J.D., JR.
4000 B. ST. JOHNS AVE
SUITE 26
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name

Joseph D. Weed, III

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

8081 Phillips Highway

83

Suite 12

84 City

Jacksonville

FL

85 Zip Code

32256

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

Joseph D. Weed, III

Joseph D. Weed, III, Pres.

4-27-95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD
NAME	WEED, J D JR
STREET ADDRESS	4000 B. ST. JOHNS AVE 26
CITY - ST - ZIP	JAX, FL 00000
TITLE	S
NAME	JORDAN, M I
STREET ADDRESS	4000 B. ST. JOHNS AVE 26
CITY - ST - ZIP	JAX, FL 00000
TITLE	PD
NAME	WEED, J. D., III
STREET ADDRESS	4000 B. ST. JOHNS AVE 26
CITY - ST - ZIP	JAX, FL 00000
TITLE	VD
NAME	WALTON, W H JR
STREET ADDRESS	4000 B. ST. JOHNS AVE 26
CITY - ST - ZIP	JAX, FL 00000
TITLE	V
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	delete
4. CITY - ST - ZIP	
2. TITLE	☒ Change ☐ Addition
2. NAME	S/T
3. STREET ADDRESS	8081 Phillips Highway, Suite 12
4. CITY - ST - ZIP	Jacksonville, FL 32256
3. TITLE	☒ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	8081 Phillips Highway, Suite 12
4. CITY - ST - ZIP	Jacksonville, FL 32256
4. TITLE	☒ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	delete
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☒ Addition
5. NAME	V
5. STREET ADDRESS	HOWE, ANDREW M.
5. CITY - ST - ZIP	8081 Phillips Highway, Suite 12
5. CITY - ST - ZIP	Jacksonville, FL 32256
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. 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)(b), 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 of this report, or in an attachment with an address.

SIGNATURE:

M. I. Jordan **M. I. Jordan**

4-27-95

904 737-1280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #