

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **701769** (2)  
1. Corporation Name

**FLORIDA LUMBER AND BUILDING MATERIAL DEALERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**1303 LIMIT AVE.  
P.O. BOX 65  
MT. DORA FL 32757-0065**

3. Date Incorporated or Qualified **12/07/1960** 3a. Date of Last Report **08/14/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-0247205** Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**CARSON, WILLIAM B.  
1303 LIMIT AVE  
MT. DORA FL 32757**  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRES EIBOTT / Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOOLSBY, RICHARD	1.2 NAME	<b>JUDGE NOTTING HAM</b>
STREET ADDRESS	11655 SE HEW 441	1.3 STREET ADDRESS	<b>575 PHELPS CT.</b>
CITY-ST-ZIP	BELLEVIEW FL	1.4 CITY-ST-ZIP	<b>JACKSONVILLE FL. 32206</b>
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETRICH, EDWARD H.	2.2 NAME	
STREET ADDRESS	77 SE 2ND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PET <input type="checkbox"/> DELETE	3.1 TITLE	<b>PAST PRES / Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCKER, BRIAN D.	3.2 NAME	
STREET ADDRESS	1330 N COCOA BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	
TITLE	PDP <input type="checkbox"/> DELETE	4.1 TITLE	<b>PRES / Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, SAM	4.2 NAME	
STREET ADDRESS	200 S SEGRAVE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>VICE PRES / Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARCE, ROBERT	5.2 NAME	<b>JACK MONROE JR.</b>
STREET ADDRESS	PO BOX 10415 NA	5.3 STREET ADDRESS	<b>460 N.W. ENTERPRISE DRIVE</b>
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP	<b>PORT ST. LUCIE FL. 34986</b>
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>Secy. / Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLYTHE, CD	6.2 NAME	<b>GREG BELL</b>
STREET ADDRESS	GREEN ST. EXTENSION	6.3 STREET ADDRESS	<b>2211 FRUITVILLE RD.</b>
CITY-ST-ZIP	WELDON NC	6.4 CITY-ST-ZIP	<b>SARASOTA FL. 34237</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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE: *Samuel Blythe* **pres. Feb 28, 1996**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day in the Month

CR2E037 (12/95)