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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701769

1. Corporation Name
FLORIDA BUILDING MATERIAL ASSOCIATION, INC.

Principal Place of Business 1303 LIMIT AVE. MT. DORA FL 32757	Mailing Address P.O. BOX 65 MT. DORA FL 32757-0065
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/07/1960
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0247205
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
CARSON, WILLIAM B.
1303 LIMIT AVE
MT. DORA FL 32757

10. Name and Address of New Registered Agent
 81 Name
George W. Tucker
 82 Street Address (P.O. Box Number is Not Acceptable)
1303 Limit Avenue
 83
 84 City
Mt. Dora FL 85 Zip Code
32757

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]* DATE _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	<input checked="" type="checkbox"/> DELETE NOTTINGHAM, JUDGE	1.1 TITLE ALLEN OSTEEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	575 PHELPS ST	1.2 NAME 308 Avenue A.
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS FT. Pierce, FL 34950-4417
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE VPDT	<input type="checkbox"/> DELETE KUESTER, KEN	2.1 TITLE C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2175 W 18TH ST	2.2 NAME
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE P	<input checked="" type="checkbox"/> DELETE CARSON, WILLIAM B.	3.1 TITLE GEORGE W. TUCKER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1303 LIMIT AVE	3.2 NAME 1303 Limit Avenue
STREET ADDRESS	MOUNT DORA FL 32757	3.3 STREET ADDRESS Mt. DORA, FL 32757
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE D	<input type="checkbox"/> DELETE DUNN, SAM	4.1 TITLE
NAME	200 S SEGRAVE ST.	4.2 NAME
STREET ADDRESS	DAYTONA BEACH FL	4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE C	<input type="checkbox"/> DELETE MONROE, JACK JR	5.1 TITLE PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	460 NW ENTERPRISE DR	5.2 NAME
STREET ADDRESS	PT ST LUCIE FL	5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE SD	<input type="checkbox"/> DELETE CROWE, TOM	6.1 TITLE VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1361 N HWY US 1	6.2 NAME
STREET ADDRESS	ORMOND BEACH FL	6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED **352/383-0366**
Signatures and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)