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Feb 16, 1999 8:00am
Secretary of State

02-16-1999 90066 033 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F67050

1. Corporation Name
BUILDING MATERIALS OF WEST FLORIDA, INC.

Principal Place of Business
3008 HWY. 95-A SOUTH (CANTONMENT, FL.)
P.O. BOX 7006
PENSACOLA FL 32534-0006

Mailing Address
3008 HWY. 95-A SOUTH (CANTONMENT, FL.)
P.O. BOX 7006
PENSACOLA FL 32534-0006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1982

4. FEI Number

59-2233733

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

City & State

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, C. R.
10391 OLD DAIRY LANE
PENSACOLA FL 32534

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME CAMPBELL, C. R.
STREET ADDRESS 10391 OLD DAIRY LANE
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE
NAME CAMPBELL, ELEANOR FAYE
STREET ADDRESS 10391 OLD DAIRY LANE
CITY-ST-ZIP PENSACOLA FL

TITLE VP ☐ DELETE
NAME CAMPBELL, CLEVELAND JR.
STREET ADDRESS 10390 OLD DAIRY LANE
CITY-ST-ZIP PENSACOLA FL

TITLE S ☐ DELETE
NAME WOOD, TRUDY MARIE
STREET ADDRESS 10391 OLD DAIRY LN
CITY-ST-ZIP PENSACOLA FL

TITLE VP ☐ DELETE
NAME CAMPBELL, BILLY RAY
STREET ADDRESS 1340 BRICKTON RD.
CITY-ST-ZIP CANTONMENT FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/99

8504782795

CR2E034 (11/98)