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FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # F95000004282 (8)

1. Corporation Name
WILMAR INDUSTRIES, INC.



Principal Place of Business Mailing Address
303 HARPER DR. MOORESTOWN NJ 08057 **303 HARPER DR. MOORESTOWN NJ 08057-3284**

3. Date Incorporated or Qualified **09/05/1995** 3a. Date of Last Report **04/30/1996**

2. Principal Place of Business 2a. Mailing Address
 21. State, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip Country 28. Zip Country
 24. 25. 29. 30.

4. FEI Number **22-2232386** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CP	<input type="checkbox"/> DELETE	1.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GREEN, WILLIAM S		1.2 NAME MARTIN HAWAIA	
STREET ADDRESS 303 HARPER DR.		1.3 STREET ADDRESS 303 HARPER DRIVE	
CITY-ST-ZIP MOORESTOWN NJ 08057		1.4 CITY-ST-ZIP MOORESTOWN, NJ 08057	
TITLE CVS	<input type="checkbox"/> DELETE	2.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GROSS, FRED B		2.2 NAME DONALD WILSON	
STREET ADDRESS 303 HARPER DR.		2.3 STREET ADDRESS 303 HARPER DRIVE	
CITY-ST-ZIP MOORESTOWN NJ 08057		2.4 CITY-ST-ZIP MOORESTOWN NJ 08057	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACQUET, ERNEST K		3.2 NAME	
STREET ADDRESS SUMMIT PARTNERS, ONE BOSTON PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP BOSTON MA 02108		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRUSTEY, JOSEPH		4.2 NAME	
STREET ADDRESS SUMMIT PARTNERS, ONE BOSTON PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP BOSTON MA 02108		4.4 CITY-ST-ZIP	
TITLE CFO	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOOMEY, MICHAEL		5.2 NAME	
STREET ADDRESS 303 HARPER DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP MOORESTOWN NJ 08057		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Michael Toomey* DATE: **4/30/97**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)