

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: MANER BUILDERS SUPPLY COMPANY, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

400002885754--4  
-05/25/99--01065--007  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",  
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation  
to transact business in Florida.

Please return all correspondence concerning this matter to the following:

WILLIAM A. TROTTER, III

(Name of Person)

WILLIAM A. TROTTER, III P.C.

(Firm/Company)

3527 WALTON WAY

(Address)

AUGUSTA, GEORGIA 30909

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Mary Helen Story

(Name of Person)

at ( 706 ) 737-3138

(Area Code & Daytime Telephone Number)

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TALLAHASSEE  
FLORIDA

99 MAY 25 PM 1:04

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5/27

STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. MANER BUILDERS SUPPLY COMPANY  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. GEORGIA 3. 58-0585932  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/20/1951 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. No business transacted as of date of application  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. P.O. BOX 204598  
AUGUSTA, GEORGIA 30917  
(Current mailing address)
8. SUPPLIER AND INSTALLER OF MATERIALS - RESIDENTIAL AND COMMERCIAL  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: CT CORPORATION SYSTEM  
Office Address: 1200 SOUTH PINE ISLAND ROAD  
PLANTATION, Florida, 32324  
(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Dale H. Morris

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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TALLAHASSEE FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable) N/A

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: JIM BROOME

Address: 852 LAKE ROYAL DRIVE

GROVETOWN, GEORGIA 30813

Vice President: WILLIAM WREN

Address: 4256 ANDERSON CIRCLE

EVANS, GEORGIA 30809

Secretary: JERRY BIGHAM

Address: 4725 BROOKGREEN ROAD

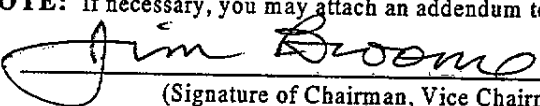
MARTINEZ, GEORGIA 30907

Treasurer: BERT HARBIN

Address: #9 RAINTREE PLACE

AUGUSTA, GEORGIA 30909

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JIM BROOME, PRESIDENT

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

# Secretary of State

Corporations Division

315 West Tower

2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

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TALLAHASSEE FLORIDA

WILLIAM A. TROTTER, III  
3527 WALTON WAY  
AUGUSTA GA 30909

## CERTIFICATE OF EXISTENCE


I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**MANER BUILDERS SUPPLY COMPANY  
A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

  
CATHY COX  
SECRETARY OF STATE

