

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Amended

FILED

99 MAY 17 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # H12511

1. Corporation Name

DECCA BUILDING SUPPLY CORPORATION



Principal Place of Business

8865 SW 104TH LANE  
OCALA FL 34481  
US

Mailing Address

8865 SW 104TH LANE  
OCALA FL 34481  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1984

2. Principal Place of Business

21 11637 SW 90th Terrace  
Suite, Apt. #, etc.

2a. Mailing Address

26 11637 SW 90th Terrace  
Suite, Apt. #, etc.

4. FEI Number

59-2934321

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

9. Name and Address of Current Registered Agent

GHUMMAN, KULBIR  
8865 SW 104TH LANE  
OCALA FL 32876

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11637 SW 90th Terrace

83

84 City

OCALA

FL

85 Zip Code

34481

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          | PO                 | <input type="checkbox"/> DELETE |
| NAME           | GHUMMAN, KULBIR    |                                 |
| STREET ADDRESS | 8865 SW 104TH LANE |                                 |
| CITY-ST-ZIP    | OCALA FL           |                                 |
| TITLE          | ST                 | <input type="checkbox"/> DELETE |
| NAME           | BELL, JAMES A.     |                                 |
| STREET ADDRESS | 8865 SW 104TH LANE |                                 |
| CITY-ST-ZIP    | OCALA FL           |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS | 11637 SW 90th Terrace                                             |
| 1.4 CITY-ST-ZIP    | OCALA, FL 34481                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS | 11637 SW 90th Terrace                                             |
| 2.4 CITY-ST-ZIP    | OCALA, FL 34481                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS | 500002892415-2                                                    |
| 3.4 CITY-ST-ZIP    | -06/02/99--01045--008                                             |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS | *****551.25 *****61.25                                            |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (11/99)