

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H18435 (8)

1. Corporation Name

GILCHRIST BUILDING SUPPLY SOUTH, INC.

Principal Place of Business

Mailing Address

C/O MICHAEL L. HAYES
P.O. BOX 339
BELL FL 32619

C/O MICHAEL L. HAYES
P.O. BOX 339
BELL FL 32619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/27/1984

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

2a. Mailing Address

1 HIGHWAY 19 NORTH

2b. /

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2 CHIEFLAND, FL

27

City & State

City & State

3

28

Zip

Country

Zip

Country

4 32626

28

LEVY

29

30

4. FEI Number

59-2446043

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

HAYES, MICHAEL L.
U.S. 129 & HIGHWAY 236
P.O. BOX 339
BELL FL 32619

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 officer 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME HAYES, MICHAEL L.
STREET ADDRESS HWY 129 NORTH, P.O. BOX 339
CITY-ST-ZIP BELL FL

TITLE DST
NAME HAYES, DONNA M.
STREET ADDRESS HWY 129 NORTH, P.O. BOX 339
CITY-ST-ZIP BELL FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(b), 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:

Donna M Hayes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA M HAYES

4-12-96

3524632738

SG-4-19-96