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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

## **FILED** May 15 1998 8:00am Secretary of State

SOUTHERN BUILDING PRODUCTS.	INC.			
Principal Place of Business	Mailing Address		-	IBHY BIBIY BERIT BIRIY BIBIY IBBY
4922 DYER BLVD.	4922 DYER BLVD.			
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 334		33407		
			DO NOT WRITE IN THI	S SPACE
			3. Date Incorporated or Qualified 11/20/1984	
2. Principal Place of Business	2a. Mailing Address		1 1/20/ 1904 4. FEI Number	Applied for
2. Principal Place of Business	26 401 Nonthla	die Bluo.	59-2474175	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	AND DIOR.		\$8.75 Additional
22	27 2N& Floo		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28 North Palm	Beare F1.	Trust Fund Contribution	Added to Fees
Zip Country	7(p)	Country	8. This corporation owes or has paid the d	current year Intangible
24 25	29 33408	30 Palm Beal	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
BYERS, ELAINE F. 81 Name				
4922 DYER BLVD. B2 Street Add		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33407				
		83		
		84 City		85 Zip Code
	1007 4500 Ft 14 O 4		F	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State or agent. I am families with anguaceen the obligation	and 607.1508, Florida Statuti f Florida. Such change was a	es, the above-named corporation	pration submits this statement for the purpose on's board <u>of</u> directors. I hereby accept the a	ppointment as registered
agent. I am familia with, and accept the obligati	ons of Section 607,0505, Flo	orida Statutos.	F-1-2011 /08	
SIGNATURE Signatur typed or preted name of the stried agree	and talk of applicable (NOTI	) YKKS E Rogistered Agent signature require	d when reinstating) DATE	
Signature typed or presed issue of the fit red agent.  12. Of FIG. RS AND.	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE PD	DELETE	1.1 TIFLE		Change Addition
NAME BYERS, ELAINE F.		1.2 NAME		
STREET ADDRESS 4922 DYER BLVD.		1.3 STREET ADDRESS		{
CITY-ST-ZIP W. PALM BEACH FL				
TITLE VD		1.4 CITY-ST-ZIP		ا ا
	DELETE	2.1 FITLE		Change Addition
NAME BYERS, JOHN C.	☐ DELETE			Change Addition
STREET ADDRESS 4922 DYER BLVD.	☐ DELETE	2.1 TITLE		Change Addition
AAAA DUFA DUUA	☐ DELETE	2.1 TITLE 2.2 NAME		Change Addition
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Thereby 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 supplicmental 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 this corporation or the receiver or trusted emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change I, or on an attachment with an address.