


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

**FILED**  
**Apr 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J23143 (7)**

1. Corporation Name  
**SOUTHEAST BUILDING PRODUCTS, INC.**



Principal Place of Business % WILEY L. MCIRATH 5151-14 SUNBEAM ROAD JACKSONVILLE FL 32257	Mailing Address % WILEY L. MCIRATH 5151-14 SUNBEAM ROAD JACKSONVILLE FL 32257
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7084 DAVIS CREEK RD</b> Suite, Apt. #, etc. 22 City & State 23 <b>JACKSONVILLE FL</b> Zip 24 <b>32256</b>	2a. Mailing Address 26 <b>7084 DAVIS CREEK RD</b> Suite, Apt. #, etc. 27 City & State 28 <b>JACKSONVILLE FL</b> Zip 29 <b>32256</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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3. Date Incorporated or Qualified  
**07/08/1986**

4. FEI Number  
**59-2693440**

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**MCIRATH, WILEY L.**  
**5151-14 SUNBEAM ROAD**  
**JACKSONVILLE FL 32257**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>MONTGOMERY, MITCHELL R.</b> <b>707 MILL CREEK RD.</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>GRANGER, JAMES W., JR.</b> <b>5151-14 SUNBEAM RD.</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>MCIRATH, WILEY L.</b> <b>5151-14 SUNBEAM RD.</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLMES, LOCKWOOD</b> <b>6550 ROOSEVELT BLVD</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>9440 PHILLIPS HWY</b> <b>JACKSONVILLE FL 32256</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>7084 DAVIS CREEK ROAD</b> <b>JACKSONVILLE FL 32256</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>7084 DAVIS CREEK ROAD</b> <b>JACKSONVILLE FL 32256</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32244</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 registrar 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 on an attachment with an address.

SIGNATURE: *Wiley L. McIrath* 1/20/98 904-288-XXXX

CR2E034 (10/97)