

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K35600** (1)
1. Corporation Name
SOUTHERN BUILDING STRUCTURES, INC.

Principal Place of Business 2040 NW 67TH PL GAINESVILLE FL 32653 US	Mailing Address PO BOX 5278 GAINESVILLE FL 32602-5278 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/30/1988	3a. Date of Last Report 05/01/1996
21	26	4. FEI Number 59-2857064		Applied For Not Applicable	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARPENTER, RONALD A. 4127 NW 27TH LANE GAINESVILLE FL 32653		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 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 *[Signature]*

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, DENNIS R.	1.2 NAME	
STREET ADDRESS	2040 NW 67TH PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653	1.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLINI, G. T.	2.2 NAME	
STREET ADDRESS	2040 NW 67TH PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653	2.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLINI, G.T.	3.2 NAME	
STREET ADDRESS	2040 NW 67TH PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, RONALD A	4.2 NAME	
STREET ADDRESS	4127 NW 27TH LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLINI, G T	5.2 NAME	
STREET ADDRESS	2040 NW 67TH PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

[Signature] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97

Date

(352) 378-6227

Daytime Phone #

0058341

CR2E034 (9/96)