

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90090 038 \*\*\*150.00

DOCUMENT # L06272

1. Corporation Name

BUCKEYE BUILDING AND COMPONENTS, INC.

Principal Place of Business

13434 MOHAWK ROAD  
13434 MOHAWK ROAD  
CLERMONT FL 34711  
US

Mailing Address

C/O DOUG STUDER  
13434 MOHAWK RD  
CLERMONT FL 34711  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1989

4. FEI Number

59-2959088

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWEENEY, DON  
BUCKEYE BUILDING  
13434 MOHAWK RD.  
CLERMONT FL FL 34711

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P  
LIEB, R. J  
STREET ADDRESS 2932 BRICE ROAD  
CITY-ST-ZIP BRICE OH 43109

1.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME T  
STUDER, DOUGLAS J  
STREET ADDRESS 13434 MOHAWK RD.  
CITY-ST-ZIP CLERMONT FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME S  
STUDER, DOUGLAS J  
STREET ADDRESS 13434 MOHAWK RD  
CITY-ST-ZIP CLERMONT FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VP  
SWEENEY, DON  
STREET ADDRESS 13434 MOHAWK RD  
CITY-ST-ZIP CLERMONT FL

4.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 in an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)