

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

**APPROVED  
AND  
FILED**

95 APR 19 PM 4: 49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |  |
|---|---|--|
| CORPORATION<br>ANNUAL REPORT<br><b>1995</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # L74946 (9)**

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

|   |   |
|---|---|
| Principal Place of Business<br><b>% ROBERT W AUGER JR<br/>1761 CARNEGIE AVE<br/>CLEARWATER FL 34616</b> | Mailing Address<br><b>% ROBERT W AUGER JR<br/>1761 CARNEGIE AVE<br/>CLEARWATER FL 34616</b> |
|---|---|

DO NOT WRITE IN THIS SPACE.

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/21/1990</b>   | 3a. Date of Last Report<br><b>05/11/1994</b>           |
| 4. FEI Number<br><b>59-3011965</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$0.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 5. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 <b>1491 Greenwood Ave. S.</b> | 2a. Mailing Address<br>26 <b>1491 Greenwood Ave. S.</b> |
| Suite, Apt. #, etc.<br>22  | Suite, Apt. #, etc.<br>27                               |
| City & State<br>23 <b>Clearwater, Fl.</b>                          | City & State<br>28 <b>Clearwater, Fl.</b>               |
| Zip<br>24 <b>34616</b>   | Country<br>25   |
| Zip<br>29 <b>34616</b>   | Country<br>30   |

9. Name and Address of Current Registered Agent

**AUGER JR, ROBERT W.  
11381 WALSINGHAM RD  
LARGO FL 34648**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 Zip Code   |

**FL**

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                    |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|---|--|
| TITLE<br><b>PD</b>                            | NAME<br><b>AUGER, ROBERT W. JR.</b>      | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>11381 WALSINGHAM RD</b>  | CITY - ST - ZIP<br><b>LARGO FL</b>       | 1.2 NAME  |  |
|   |  | 1.3 STREET ADDRESS<br><b>13525 Indian Oaks Trail</b>  |  |
|   |  | 1.4 CITY - ST - ZIP<br><b>Largo, Fl. 34644</b>        |  |
| TITLE<br><b>ST</b>                            | NAME<br><b>AUGER, KATHLEEN A.</b>        | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>11381 WALSINGHAM RD</b>  | CITY - ST - ZIP<br><b>LARGO FL</b>       | 2.2 NAME  |  |
|   |  | 2.3 STREET ADDRESS<br><b>13525 Indian Oaks Trail</b>  |  |
|   |  | 2.4 CITY - ST - ZIP<br><b>Largo, Fl. 34644</b>        |  |
| TITLE<br><b>V</b>                             | NAME<br><b>FRANZEK, MICHAEL J.</b>       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br><b>1125 PINELLAS BAYWAY</b> | CITY - ST - ZIP<br><b>TERRA VERDE FL</b> | 3.2 NAME  |  |
|   |  | 3.3 STREET ADDRESS                                    |  |
|   |  | 3.4 CITY - ST - ZIP                                   |  |
| TITLE   | NAME                                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                                |  | 4.2 NAME  |  |
| CITY - ST - ZIP                               |  | 4.3 STREET ADDRESS                                    |  |
|   |  | 4.4 CITY - ST - ZIP                                   |  |
| TITLE   | NAME                                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                                |  | 5.2 NAME  |  |
| CITY - ST - ZIP                               |  | 5.3 STREET ADDRESS                                    |  |
|   |  | 5.4 CITY - ST - ZIP                                   |  |
| TITLE   | NAME                                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                                |  | 6.2 NAME  |  |
| CITY - ST - ZIP                               |  | 6.3 STREET ADDRESS                                    |  |
|   |  | 6.4 CITY - ST - ZIP                                   |  |

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 110.07(3)(k), 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: Kathleen A. Auger (Kathleen A. Auger) 4-13-95 (813)441-3387