

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L74946 (9)**

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



Principal Place of Business: **1491 S. GREENWOOD AVE. CLEARWATER FL 34616 US**  
Mailing Address: **1491 S. GREENWOOD AVE. ~~1781 CARNEGIE AVE~~ CLEARWATER FL 34616 US**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
2a. Mailing Address  
26 **1491 S. Greenwood Ave.**  
27 Suite, Apt. #, etc.  
28 **Clearwater FL**  
29 **34616**  
30 **US**

3. Date Incorporated or Qualified: **05/21/1990**  
3a. Date of Last Report: **04/19/1995**  
4. FEI Number: **59-3011965**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**AUGER JR, ROBERT W.  
11381 WALSHINGHAM RD  
LARGO FL 34648**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **13525 Indian Oaks Trail**  
83  
84 City: **FL**  
85 Zip Code: **34641**

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: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUGER, ROBERT W. JR.</b>	1.2 NAME	
STREET ADDRESS	<b>13525 INDIAN OAKS TRAIL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LARGO FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUGER, KATHLEEN A.</b>	2.2 NAME	
STREET ADDRESS	<b>13525 INDIAN OAKS TRAIL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LARGO FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANZEK, MICHAEL J.</b>	3.2 NAME	
STREET ADDRESS	<b>1125 PINELLAS BAYWAY</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TIERRA VERDE FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 Auger* **KATHLEEN A. AUGER** 1/20/96 8134413387  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)