

FILE NOW: FILING FEE AFTER MAY 1 IS \$275.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M84202 (4)

1. Corporation Name
BUILDING PRODUCTS ETC., INC.



Principal Place of Business	Mailing Address
614 FERN AVE P.O. BOX 169 DAYTONA BEACH FL 32115	P.O. BOX 169 P.O. BOX 169 DAYTONA BEACH FL 32115 US

21. Principal Place of Business	2a. Mailing Address
State, Apt. #, etc.	Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. 25.	29. 30.

3. Date Incorporated or Qualified 06/07/1988	3a. Date of Last Report 08/15/1995
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

**SPOTTS, ROBERT
2900 OCEAN SHORE BLVD.
#101
ORMOND BEACH FL 32174**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SPOTTS, MAUREEN M.
STREET ADDRESS	2900 OCEANSHORE BLVD 101
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	P <input type="checkbox"/> DELETE
NAME	SPOTTS, ROBERT
STREET ADDRESS	2900 OCEAN SHORE BLVD
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	HUGHART, PAUL
STREET ADDRESS	700 ESPANOLA AVENUE #C
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	HUGHART, KEN
STREET ADDRESS	1225 DAVID DRIVE
CITY-ST-ZIP	HOLLY HILL FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 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: *Maureen M. Spotts* _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)