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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:14

DOCUMENT # N12923 (1)

1. Corporation Name

SOUTH FLORIDA TRUSS AND COMPONENT MANUFACTURERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% GULF STREAM LUMBER COMPANY 1415 S. FEDERAL HIGHWAY BOYNTON BEACH FL 33435	% GULF STREAM LUMBER COMPANY 1415 S. FEDERAL HIGHWAY BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1986
3a. Date of Last Report: 12/19/1994
4. FEI Number: 65-0038566 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LAWSON, JOE
% GULF STREAM LUMBER COMPANY
1415 S. FEDERAL HIGHWAY
BOYNTON BEACH FL 33435

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	P	11 TITLE	D ☐ Change ☒ Addition
NAME	RUEDE, MIKE	12 NAME	Dennis K. Vlassis
STREET ADDRESS	A-1 ROOF TRUSSES, 199 PIKE ROAD	13 STREET ADDRESS	1415 S. Federal Highway
CITY-ST-ZIP	WEST PALM BEACH FL 33411	14 CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	CRUZE, KIRK	22 NAME	
STREET ADDRESS	HALF MILE LUMBER, 9500 W. ATLANTIC AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	BRADLEY, GERRY	32 NAME	
STREET ADDRESS	A-1 ROOF TRUSSES, 199 PIKE ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	LAWSON, JOE	42 NAME	
STREET ADDRESS	1415 S. FEDERAL HWY.	43 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33411	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	FINN, WALTER	52 NAME	
STREET ADDRESS	ALPINE ENG. PRODUCTS, 1731 S.W. 7TH AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LEASOR, JOHN	62 NAME	
STREET ADDRESS	SCOSTA CORP., 407 COMMERCE WAY	63 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joe Lawson — Joe Lawson — 2/13/95 — 407/732-9763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000140