

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
01/09/1986

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Joe Lawson

(NOTE: Registered Agent signature required when reinstating)

2-22-96

DATE

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

12. OFFICERS AND DIRECTORS

TITLE	P	XX DELETE
NAME	RUEDE, MIKE	
STREET ADDRESS	A-1 ROOF TRUSSES, 199 PIKE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	VP	XX DELETE
NAME	CRUZE, KIRK	
STREET ADDRESS	HALF MILE LUMBER, 9500 W. ATLANTIC AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	XX DELETE
NAME	BRADLEY, GERRY	
STREET ADDRESS	A-1 ROOF TRUSSES, 199 PIKE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LAWSON, JOE	
STREET ADDRESS	1415 S. FEDERAL HWY.	
CITY-ST-ZIP	BOYNTON BEACH FL 33411	
TITLE	D	XX DELETE
NAME	FINN, WALTER	
STREET ADDRESS	ALPINE ENG. PRODUCTS, 1731 S.W. 7TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEASOR, JOHN	
STREET ADDRESS	SCOSTA CORP., 407 COMMERCE WAY	
CITY-ST-ZIP	JUPITER FL 33458	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE	P
12 NAME	KIRK CRUZE
13 STREET ADDRESS	HALF MILE LUMBER, 9500 W ATLANTIC AVE
14 CITY-ST-ZIP	DELRAY BCH, FL 33446
21 TITLE	VP
22 NAME	RON BUDDE
23 STREET ADDRESS	A-1 ROOF TRUSSES, 199 PIKE RD
24 CITY-ST-ZIP	WEST PALM BCH, FL 33411
31 TITLE	D
32 NAME	MIKE RUEDE
33 STREET ADDRESS	A1 ROOF TRUSSES, 199 PIKE RD
34 CITY-ST-ZIP	WEST PALM BCH, FL 33411
41 TITLE	D
42 NAME	PERRY NICHOLAS
43 STREET ADDRESS	STRUCTURAL CONNECTIONS, 1799 DESOTO RD
44 CITY-ST-ZIP	SARASOTA, FL 34234
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
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)(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 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

2-22-96

Date

Daytime Phone #

407 752 9762

CR2E037 (12/95)