

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -7 AM 10:47

DOCUMENT # **P25640** (4)
1. Corporation Name
SHELTER COMPONENTS OF INDIANA, INC.

Principal Place of Business Mailing Address
27217 C.R. 6 27217 C.R. 6
P.O. BOX 4026 P.O. BOX 4026
ELKHART IN 46514-1026 ELKHART IN 46514-1026

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/16/1989		3a. Date of Last Report 03/03/1994	
4. FEI Number 22-2825585		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			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUNDAY, BOB 3020 REYNOLDS RD LAKELAND FL 33803				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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 James R Snyder DATE **5-15-95**
Signature and typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDBETTER, DALE A	1 2 NAME	
STREET ADDRESS	27217 CR 6	1 3 STREET ADDRESS	
CITY - ST - ZIP	ELKHART IN	1 4 CITY - ST - ZIP	
TITLE	S	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, JAMES R	2 2 NAME	
STREET ADDRESS	27217 CR 6	2 3 STREET ADDRESS	
CITY - ST - ZIP	ELKHART IN	2 4 CITY - ST - ZIP	
TITLE	T	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, JAMES R	3 2 NAME	
STREET ADDRESS	27217 C.R. 6	3 3 STREET ADDRESS	
CITY - ST - ZIP	ELKHART IN	3 4 CITY - ST - ZIP	
TITLE	D	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, WILLIAM J.	4 2 NAME	
STREET ADDRESS	27217 C.R. 6	4 3 STREET ADDRESS	
CITY - ST - ZIP	ELKHART IN	4 4 CITY - ST - ZIP	
TITLE	D	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDEN, ARTHUR M.	5 2 NAME	
STREET ADDRESS	27217 C.R. 6	5 3 STREET ADDRESS	
CITY - ST - ZIP	ELKHART IN	5 4 CITY - ST - ZIP	
TITLE	D	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, HERBERT M.	6 2 NAME	
STREET ADDRESS	27217 C.R. 6	6 3 STREET ADDRESS	
CITY - ST - ZIP	ELKHART IN	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: James R Snyder DATE **5-30-95** **219-262-4541**
Signature and typed or printed name of signing officer or director Date Daytime Phone #