

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 # P25640 (4)

1. Corporation Name

SHELTER COMPONENTS OF INDIANA, INC.



Principal Place of Business

27217 C.R. 6
P.O. BOX 4026
ELKHART IN 46514-1026

Mailing Address

27217 C.R. 6
P.O. BOX 4026
ELKHART IN 46514-1026

3. Date Incorporated or Qualified
08/16/1989

3a. Date of Last Report
06/07/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 2831 Dexter Drive

27 Suite, Apt. #, etc.

28 Elkhart IN 29 46514 30 Country

4. FEI Number

22-2825585

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

**BUNDAY, BOB
3020 REYNOLDS RD
LAKELAND FL 33803**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P LEDBETTER, DALE A**
STREET ADDRESS **27217 CR 6**
CITY-ST-ZIP **ELKHART IN**

TITLE ☒ DELETE
NAME **S SNYDER, JAMES R**
STREET ADDRESS **27217 CR 6**
CITY-ST-ZIP **ELKHART IN**

TITLE ☒ DELETE
NAME **T SNYDER, JAMES R**
STREET ADDRESS **27217 C.R. 6**
CITY-ST-ZIP **ELKHART IN**

TITLE ☐ DELETE
NAME **D BARRETT, WILLIAM J.**
STREET ADDRESS **27217 C.R. 6**
CITY-ST-ZIP **ELKHART IN**

TITLE ☐ DELETE
NAME **D BORDEN, ARTHUR M.**
STREET ADDRESS **27217 C.R. 6**
CITY-ST-ZIP **ELKHART IN**

TITLE ☐ DELETE
NAME **D GARDNER, HERBERT M.**
STREET ADDRESS **27217 C.R. 6**
CITY-ST-ZIP **ELKHART IN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Roger K. Haley SECRETARY / TREASURER 4/25/96 (219) 262-4541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)