FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(5)

FILED May 20 1998 8:00am Secretary of State

BUILDII PORATI		OLESALE, INC. A GEORGIA	COR					in the second
Principal Place of Business 405 EAST OGLETHORPE PO BOX 723 ALBANY GA 31702-0723		PO BOX 723	405 EAST OGLETHORPE			DO NOT WRITE IN THIS		11 3 1914 (184)
NEDALLI ON C	TI TUE-UTZU	ALBANT ON STREETIES	,			3. Date Incorporated or Qualified	SPACE	
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address			03/15/1990 4. FEI Number	T A	pplied For
21		26				58-1773029	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	har any			5. Certificate of Status Desired		Additional leguired
City & State		City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip 24	Country 25	Zip 29	Country 30			 This corporation owes or has paid the ci Personal Property Tax due June 30. 		itangible No
		of Current Registered Agent				10. Name and Address of New Registered Agent		
	INBERG, ETHEL G.			31 1	Name		. 	
	WEST SHARON ST.		82 Street Add		Street Addres	ss (P.O. Box Number is Not Acceptable)		
QU	NCY FL 32351			13				
			L					
			8	14 (City	FI	85 Zip	Code
office or re	egistered agent, or both, in t	607,0502 and 607,1508, Florida State the State of Florida, Such change was the obligations of, Section 607,0505, F	authorized :	by th	named corpor he corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing i	its registered registered
SIGNATURE								
12,	Signature: typind or pronted name of re C1E E1C	gestored agont and title if applicable (NC OFRS AND DIRECTORS	TE. Registered A	Agent (signature required	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	PS IN 12
TITLE	PO	DELETE	1.1 TITL			Nothing of Angel To of Toerio An	Change	Addition
NAME	PARKS, BILL		1.2 NAME					
STREET ADDRESS	405 E. OGLETHORPE ALBANY GA		1.3 STREET ADDI		IDRESS			İ
CITY-ST-ZIP TITLE	ALDAITI GA	DELETE	1.4 CITY-ST-ZIP		ZIP		Change	Addition
NAME	DADVO CANDACE			2.1 TITLE 2.2 NAME			Change	Addition
STREET ADDRESS	405 E. OGLETHORPE			2.3 STREET ADDRESS				
CITY-ST-ZIP	ALBANY GA			2. 4 CITY - ST - ZIP				}
TITLE	☐ DELETE 3		3.1 T(TL)	3.1 TITLE			Change	Addition
NAME				3.2 NAME				
STREET ADDRESS	8			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE			4.1 TITLE		ZIP		Change	Addition
NAME			4. 2 NAM					
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CITY-ST-ZIP			4.4 CITY	4.4 CITY-ST-ZI				
TITLE		☐ DELETE		5 1 TITLE			Change	☐ Addition
NAME CORET ADDRESS			5 2 NAM		pprop			
STREET ADDRESS CITY-ST-ZIP			5.3 STRE					
TITLE		N P P P P P		CITY-ST-ZIP TITLE			Change	Addition
NAME			6.2 NAM	E			•	-
STREET ADDRESS			6.3 STRE	ET ADI	DRESS			
CITY-ST-ZIP	and the state of the state of		6.4 CITY			140 07100		
i i nereby c	eruly that the information su	ibblied with this filled does not qualify.	ior the exem	iptioi	n stated in Sc	ection 119.07(3)(i), Florida Statutes. I further o	ertify 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.