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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
**1995**

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

# DOCUMENT # P92000010599 (8)

1. Corporation Name
**FRANKLIN BUILDING SUPPLY COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| HC-1 300 CESSNA DR<br>COSTIN AIRPORT<br>PORT ST JOE FL 32456 | HC-1 300 CESSNA DR<br>COSTIN AIRPORT<br>PORT ST JOE FL 32456 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1992
3a. Date of Last Report: 08/02/1994

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number: 59-3168182 | ☐ Applied For ☐ Not Applicable |
| 22 Suite, Apt. #, etc.: Suite 305 | 27 Suite, Apt. #, etc.: Suite 305 | 5. Certificate of Status Desired ☒ | $8.75 Additional Fee Required |
| 23 City & State: Port St. Joe FL | 28 City & State: Port St. Joe FL | 6. Election Campaign Financing Trust Fund Contribution [ ] | $5.00 May Be Added to Fees |
| 24 Zip: 32456 25 Country: | 29 Zip: 32456 30 Country: | 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 |
|---|---|
| CULLEN, JOHN F<br>HC 1-300 CESSNA DR<br>COSTIN AIRPORT<br>PORT ST JOE FL 32456 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable): 165 Cessna Drive Suite 300<br>83 000002376490--5<br>-12/18/97--01062-007<br>84 City: ***1088.75 FL ***1088.75 |

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: John F Cullen Jr Agent — 12-15-97
Signature, typed or printed name of registered agent and title if applicable — (Must be Registered Agent signature required when reinstating) — DATE

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|
| TITLE: D<br>NAME: HANNON, EDITH<br>STREET ADDRESS: 1659 LINCOLN ST<br>CITY-ST-ZIP: HOLLYWOOD FL 33022 | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>☐ Change ☐ Addition |
| TITLE: D<br>NAME: CULLEN, JOHN F<br>STREET ADDRESS: RT 1 BOX 695<br>CITY-ST-ZIP: PORT ST JOE FL 32456 | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS: 165 Cessna Drive Suite 300<br>2.4 CITY-ST-ZIP: Port St. Joe, FL 32456<br>☒ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>REINSTATEMENT 12/15/97<br>☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP<br>☐ Change ☐ Addition |

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:** John F Cullen Jr Agent — 12/15/97 — 850 229-8470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #