SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Sep 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300001733 (3)

SOUTHERN BUILDING COMPONENTS, INC.

51.1.15									
Principal Place of Business Mailing Address							131 04111 05151 11	J11 10000 1)1	100 1(8) (8 0)
452 PALM DR. OCOEE FL 34761 US		P. O. BOX 309 OCOEE FL 34761 US			DO NOT WRITE	E IN THIS SPA	ACE		
						3. Date Incorporated or Qualified	3a. Date	of Last R	leport
						01/06/1993 07/12/1996			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			oplied For
21		26				59-3163234			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>			5. Certificate of Status Desired			Additional
22		27						Fee Re	equired
City & State	6	City & State] '			6. Election Campaign Financing			May Be
23 Zip						Trust Fund Contribution	<u></u>		to Fees
	 			ılry		8. This corporation owes or has pa			
24	9. Name and Address of Curr		30			Personal Property Tax due June 10. Name and Address of New Re			No
DEA				B1 N	Vame	75, 714,115 414 715 715 715 715	giotorea rig		
	AVERS, JOHN P 0 COLUSO DR.		L						
			ľ	B2 S	Street Address (P.O. Box Number is Not Acceptable)				
AAIIA	ITER GARDEN FL 34787			B3					
			- [B4 (City		FL	85 Zip (Code
office or re agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obt	ite of Florida. Such change was a	uthorized	by th	amed corp e corporat	poration submits this statement for the plion's board of directors. I hereby acception	ourpose of ch	nanging it itment as	is registered registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	: Hegistered	Agent s	ignature requir	red when reinstating)	DATE		··
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND D	IRECTOF	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE					Change	Addition
NAME	BEAVERS, JOHN P		1.2 NAM						
STREET ADDRESS	1430 COLUSO DR.			EET ADI	ORESS .				
CITY-SJ-ZIP	WINTER GARDEN FL			Y - S1 - Z	IP .				
	DELETE 2.1		2.1 101	2.1 101.6				Change	Addition
TESTIC	DEAVERS, LILLIAN F		2.2 NAME				*		
STREET ADDRESS	1430 COLUSO DR.		2.3 STR	EET ADDRESS					
CITY-ST-ZIP	WINTER GARDEN FL		2. 4 CITY-ST-ZIP		ZIP				
TITLE		☐ DELETE	3.1 TITLE				L.	J Change	Addition
NAME			3.2 NAM	AE.					j
STREET ADDRESS			3.3 STR	EE? ADI	DRESS				
CITY-ST-ZIP				Y-S1-2	ZIP		_	1 &	
TITLE		L_ DELETE	4.1 TITE				L] Change	Addition
NAME			4. 2 NA						
STREET ADDRESS			4.3 STR	EET ADI	DRESS				
CITY-ST-ZIP		DELETE		Y-ST-Z	IP			1 Ohann	11100000
TITLE		L. DELETE	5.1 THE				<u> </u>] Change	☐ Addition
NAME			5.2 NAM						
STREET ADDRESS				EET ADI					
CITY-ST-ZIP				5.4 CITY-ST-ZIP				Channa	Addition
TITLE		☐ DETEIR	6.1 TITE				L] Change	ווטוווטנא נייי
NAME OTOSET ADODESO			6.2 NAM		DEED				
STREET ADORESS		0		EET ADI	İ				
CITY-ST-ZIP	ov certify that the information const	had with this filing does not qualify	6.4 CIT			h in Section 119.07(3)(i) Florida Statuto	e Hurther e	ortify that	the
informatio I am an of appears if	in indicated on this annual report of ficer or director of the corporation in Block 12 or Block 13 if changed.	supplemental a montreport is tr or the receiver or trustee empower. or on an anacymynit with an add	ue and ac ored to ex ress.	courat	e and that this repor	d in Section 119.07(3)(i), Florida Statute I my signature shall have the same loga It as required by Chapter 607, Florida S	al effect as if Statutes; and	made und that my r	der oath; that name