

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

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

WILSON B. GARNETT
GOVERNOR

JEFFREY A. KASAK
COMMISSIONER

1000 PENNSYLVANIA AVENUE, N.W.
TALLAHASSEE, FLORIDA 32304-0001

APPROVED
AND
FILED

95 MAY 19 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064495 (2)

AMERICAN BUILDINGS & CARPORTS MFG., INC.

11829 RHODINE ROAD
RIVERVIEW FL 33569

11829 RHODINE ROAD
RIVERVIEW FL 33569

Do Not Test White or Test SPACE

3. Date of report filed or prepared	3a. Date of report prepared
08/29/1994	-
4. FEI Number	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 agreed to adhere to the guidelines of the Florida Statutes	☐ Yes ☒ No

2. Filing jurisdiction of corporation	2a. Mailing Address
21. State of Florida	26. State of Florida
22. Date of report	27. Date of report
23. City, State	28. City, State
24. Name	29. Name
25. Address	30. Address

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RIEGLER, LINDA 11829 RHODINE ROAD RIVERVIEW FL 33569	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 607.01 and 607.05, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, except this agreement as registered agent, I am resigning and accepting the designation of the new registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME RIEGLER, LINDA 11829 RHODINE ROAD RIVERVIEW FL 33569	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP
2. NAME GONZALEZ, GEORGE 11829 RHODINE ROAD RIVERVIEW FL 33569	4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP
3. NAME	7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP
4. NAME	10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP
5. NAME	13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP
6. NAME	16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP
7. NAME	19. NAME 20. STREET ADDRESS 21. CITY, STATE, ZIP
8. NAME	22. NAME 23. STREET ADDRESS 24. CITY, STATE, ZIP
9. NAME	25. NAME 26. STREET ADDRESS 27. CITY, STATE, ZIP
10. NAME	28. NAME 29. STREET ADDRESS 30. CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information is complete and 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in block type block type, typed or on an affidavit with an address.

SIGNATURE: *Linda G. Riegler* Linda G. Riegler 5-3-95 (813) 671-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (813) 6870925
02M0277 CP