

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 # **P94000075203 (7)**

1. Corporation Name
K.C. BUILDING SUPPLY, INC.



Principal Place of Business
**15800 BROTHERS COURT UNIT 4
FT. MYERS FL 33912**

Mailing Address
**15800 BROTHERS COURT UNIT 4
FT. MYERS FL 33912**

3. Date Incorporated or Qualified **10/05/1994** 3a. Date of Last Report **04/25/1995**

2. Principal Place of Business
21 **2286 BRUNER LANE SE** 26 **2286 BRUNER LANE SE**
Suite, Apt. #, etc.

4. FEI Number **65-0540229** Applied For Not Applicable

22 City & State
23 **FORT MYERS, FLORIDA** 28 **FORT MYERS FLORIDA**
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 **33912** 25 Country 29 **33912** 30 Country

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
**DECESARE, DIANE
15800 BROTHERS COURT UNIT 4
FT. MYERS FL 33912**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **2286 BRUNER LANE SE**
83
84 City **FORT MYERS** FL 85 Zip Code **33912**

11. Pursuant to the provisions of Sections 607.0507 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 _____ DATE _____
Signature, typed or printed name of registered agent, and date of appointment

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DECESARE, KEN C	
STREET ADDRESS	15800 BROTHERS COURT UNIT 4	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2286 BRUNER LANE SE
14 CITY-ST-ZIP	FT. MYERS, FLORIDA 33912
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	500001797665
44 CITY-ST-ZIP	-04/29/96--01025--013
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	***200.00
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: Ken C De Cesare
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 433-2449
Date: _____

CR2E034 (12/95)

9/27/96