

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 # P95000023509 (9)

1. Corporation Name

VHI BUILDERS SUPPLY, INC.



Principal Place of Business

482 NORTH PINOAK PLACE
APT. 200
LONGWOOD FL 32779

Mailing Address

482 NORTH PINOAK PLACE
APT. 200
LONGWOOD FL 32779

2. Principal Place of Business

2a. Mailing Address

21 1275 BENNETT ROAD

25 1275 BENNETT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 119

27 SUITE 119

City & State

City & State

23 LONGWOOD, FLORIDA

28 LONGWOOD, FLORIDA

Zip

Country

Zip

Country

24 32750

25

29 32750

30 SEMINOLE

3. Date Incorporated or Qualified

03/23/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3303770

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 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

WILKOSZ, GEORGE L
482 NORTH PINOAK PLACE
APT. 200
LONGWOOD FL 32779

81 Name

WILKOSZ, GARY I.

82 Street Address (P.O. Box Number is Not Acceptable)

1275 BENNETT ROAD

83

SUITE 119

84 City

LONGWOOD

FL

85

Zip Code
32750

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

Christine M. Wilkosz

Christine M. Wilkosz Secretary/Treasurer

DATE

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME WILKOSZ, GARY I.
STREET ADDRESS 482 N. PINOAK PLACE APT. 200
CITY-ST-ZIP LONGWOOD FL 32779

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME WILKOSZ, GARY I.
1.3 STREET ADDRESS 1275 BENNETT ROAD
1.4 CITY-ST-ZIP LONGWOOD, FLORIDA 32750

TITLE VD ☐ DELETE
NAME WILKOSZ, GEORGE L.
STREET ADDRESS 482 N. PINOAK PLACE APT. 200
CITY-ST-ZIP LONGWOOD FL 32779

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME WILKOSZ, GEORGE L.
2.3 STREET ADDRESS 1275 BENNETT ROAD, SUITE 119
2.4 CITY-ST-ZIP LONGWOOD, FLORIDA 32750

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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

Christine M. Wilkosz

Christine M. Wilkosz

4/29/96

(64)261-6602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)