FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000023509 (9)

VHI BUILDERS SUPPLY, INC.

FILED Apr 25 1997 8:00am Secretary of State

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Dilasiasi Diago of Displaces							
Principal Place of Business Mailing Address						s sabiradi sun rasar gerst serit derre dutte natif times titer arist basif foll tobs	
1275 BENNETT RO	DAD	1275 BENNETT ROAD					
BUITE 119 LONGWOOD FL 3	2750	SUITE 119 LONGWOOD FL 32750-757	77				
US		US	•			3. Date Incorporated or Qualified 3a. Date of Last Report	
						03/23/1995 05/01/1996	
2. Principal Place		2a. Mailing Address				4. FEI Number Applied For	
	ENNETT ROAD	26 1275 BENNETT ROAD				59-3303770 Not Applicable	
Suite, Apt. #, 6		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22 SUITE 1 City & State	[19	27 SUITE 119				Fee Hequired	
	ND ELOPIDA	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	DD, FLORIDA Country	Zip	FLORIDA Zip Country				
32750	25 SEMINOLE	29 32750			NOLE	8. This corporation has liability for intangible tax under s. 199.032, Ftorida Statutes Yes No	
	9. Name and Address of Current		1001		110111	10. Name and Address of New Registered Agent	
WILKO	SZ, GARY I			81	Name		
	ENNETT ROAD, SUITE 119			82	Ctropt A	odding (D.O. Dov. Number in New Accounts to)	
APT. 2				02	Street A	Address (P.O. Box Number is Not Acceptable)	
	VOOD FL 32750			83			
				84	Cit		
				64	City	FL 85 Zip Code	
11. Pursuant to the	he provisions of Sections 607,0502	and 607.1508, Florida Statut	es, the	above	-named c	corporation submits this statement for the purpose of changing its registered	
egent. I am f	stered agent, or both, in the State o amiliar with, and accopt the obligat	i Florida. Such change was a ons of, Section 607.0505, Flo	author orida S	ized by Statutes	the corpo	oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	_						
Sign	nature, typod or printed name of registered agent				nt signature re	equired when reinstalling) DATE	
12.	OFFICERS AND			3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	D CARVI	T DETER	DELETE 1.170			Li Change Li Addition	
	VILKOSZ, GARY I		•	2 NAME	}		
	275 BENNETT ROAD				ADDRESS		
	LONGWOOD FL DELETE			1.4 CITY - ST - ZIP		Change Addition	
1 7	VILKOSZ, GEROGE L	בַן טונוונ			1	☐ Change ☐ Addition	
	2.2 NAME		ADDOLOG				
1.	19	23 STREET ADDRESS 2 4 CITY-ST-ZIP					
TITLE L	LONGWOOD FL		3.1 TITLE		ot-ZIP	Change Addition	
NAME				2 NAME		La Vitalige E vitalitati	
STREET ADDRESS				3 STREET	ADDRESS		
CITY-ST-ZIP			- 1	4. CITY-S			
TITLE		☐ DELETE		1 TITLE		Change Addition	
NAME				2 NAME			
STREET ADDRESS				3 STREE1	ADDRESS	· ·	
CITY-ST-ZIP			4 4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			. 5.2 NAME		1		
STREET ADDRESS			5.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP			5.	4 CITY - S	I - Z(P		
TITLE		DELETE	61 TITLE			Change Addition	
NAME			6.	2 NAME	}		
STREET ADDRESS			6.	3 STREET	ADDRESS		
CITY-ST-ZIP				4 CH1Y - S			
14. I do hereby o	certify that the information supplied	with this filing does not qualif	y for t	he exe	nption sta	ated in Section 119.07(3)(i). Florida Statutes, I further certify that the	

Information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under of lam 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. Severtary / Tredsured

GNATURE: Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. Severtary / Tredsured

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