

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 # **P95000053346 (9)**

1. Corporation Name

**WEST FLORIDA BUILDING MATERIALS, INC.**



Principal Place of Business

**540 NEW WARRINGTON ROAD  
PENSACOLA FL 32507**

Mailing Address

**540 NEW WARRINGTON ROAD  
PENSACOLA FL 32507**

3. Date Incorporated or Qualified

**07/05/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARNES, MICHAEL E  
540 NEW WARRINGTON ROAD  
PENSACOLA FL 32507**

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 607.0502 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PRESIDENT**

☐ DELETE

NAME

**MICHAEL E. BARNES**

STREET ADDRESS

**7921 THOMLEY TRAIL**

CITY-STATE-ZIP

**PENSACOLA, FL 32526**

TITLE

**VICE PRESIDENT**

☐ DELETE

NAME

**MICHAEL L. WHITE**

STREET ADDRESS

**5801 E. SHORE DRIVE**

CITY-STATE-ZIP

**PENSACOLA, FL 32505**

TITLE

**TONI WHITE**

☐ DELETE

NAME

**5801 E. SHORE DRIVE**

STREET ADDRESS

**PENSACOLA, FL 32505**

CITY-STATE-ZIP

**SECRETARY**

☐ DELETE

TITLE

**TREASURER**

NAME

**SUZANNE BARNES**

STREET ADDRESS

**7921 THOMLEY TRAIL**

CITY-STATE-ZIP

**PENSACOLA, FL 32526**

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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:

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

**4-18-96 (904) 456-8777**

CR2E034 (12/95)