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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000086260 (3)

1. Corporation Name

AMERICAN BUILDING SUPPLY, INC.

Principal Place of Business

25 SOUTH WICKHAM ROAD
MELBOURNE FL 32904

MELBOURNE FL 32904

	<u> </u>	

25 SOUTH WICKHAM ROAD MELBOURNE FL 32904		;	25 SOUTH WICKHAM ROAD MELBOURNE FL 32904		· ·						
							 Date Incorporated or Qualified 11/09/1995 	3a. Dat	e of Last Re	eport	
2. Principal Plac	te of Business	2a. N	Mailing Address				4. FEI Number		F	Applied For	
וֹן		26					59-3352805			Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #. etc.				5. Certilicate of Status Desired Security Securi				
City & State		28	Dity & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 4	Country 25	29	У _І ¢)	Gour 30	ntry			▲] No		199.032,	
	g. Name and Address of Current	t Registe	red Agent			r	10. Name and Address of New F	legistered	Agent		
					81	Name					
N ROSSITTO, JULIE J 1. 25 SOUTH WICKHAM ROAD					82						
MELBO	URNE FL 32904			ļ	83						
					84	City		FI	85 Zı	p Code	
	041.0500	- 1.00.7	7700 10-14-0-43				oration submits this statement for the pu and of directors. Thereby accept the app	mose of ch	nanoino its r	registered office	
SIGNATURE	n, and accept the obligations of, Sections and accept the obligations of, Sections are properties as you	and the 13p	pletare (No		A, jor	ntsignature regue	ist when renstating	DATE			
12.	OFFICERS AND	DIRECT		13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	DRS IN 12	
TITLE	PAUL ROSSITTO	PRESI	I DENT	1 1 1					☐ Change	☐ Addition	
NAMÉ	106 FONTAINE ST			1.2 M	-	1 ADDRESS					
STREET ADDRESS	MELBOURNE BEACH,	FL 3	32951			S' - 7IP					
CITY - S1 - ZIP TITLE			TID DELETE.	2 1 1		3.20			☐ Change	ncitibbA 🔲	
NAME		A1CE	PRESIDENT	2.2 N	AME.						
STREET ADDRESS	106 FONTAINE ST.			235	IR; El	LADORESS					
City-St-ZiP	MELBOURNE BEACH,	FL 3	32951	2 4 Ci	h - 9	S1 - ZIP					
TITLE			DEFELE	3 1 1	ITE F				Change	Addition	
NAME				3 2 N							
STREET ADOPESS				1		T ADDRESS					
CITY-ST-ZIF			DELETE	34C		ST - ZIP			☐ Change	☐ Addition	
TITLE			E Ditte	42 N						— ······	
NAME Proces Loggeson						LADDRESS					
STREET ADDRESS						ST ZiP					
CITY-ST-Z:P TITLE			DELETE	5 11					Change	Addition	
NAME				52N	AME						
STREET ADDRESS				538	TREE	T ADDRESS					
CITY - ST - ZIP				5 4 0	IIY.	ST - 20P					
THILE			DELETE	6.1	T+TE F		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	705	Change	☐ Addition	
NAME				62 N	IAME		1000018 -06/24/9601	1 ⊃≎ 0491	191 191		
STREET ADDRESS				639	THEE	T ADDRESS	***200.00	U7U -(J-J-1		
CITY - ST- ZIP				640	HTY-	ST-ZIP	*** <u>_UU.UU</u>				

14. Ido 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 animal 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 or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

(407) 952-0831

CS 5/1/96