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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065993

1. Corporation Name
Builders First Supply, Inc.

Principal Place of Business
2900 Industrial Plaza Dr.
Tallahassee, FL 32301

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

3. Date Incorporated or Qualified
07/96

4. FEI Number
59-3400822
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Bruce Ranew
9425 Buckhaven Trl.
Tallahassee, FL 32308

10. Name and Address of New Registered Agent
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 Section 607.0403 or F.S. 607.1505, 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. Said change was authorized by the corporations 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 of new registered agent, if changing) DATE

12. OFFICERS AND/OR DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Bruce Ranew		1.2 NAME	
STREET ADDRESS	9425 Buckhaven Trl.		1.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32308		1.4 CITY-ST-ZIP	
TITLE	Vice-President	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Thomas Johnston		2.2 NAME	
STREET ADDRESS	8936 Leane Dr.		2.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32308		2.4 CITY-ST-ZIP	
TITLE	Sec/Trcs.	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	David Dowdy		3.2 NAME	
STREET ADDRESS	1013 Cherry Hill Dr.		3.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32308		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

5/5/13

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***150.00

14. I hereby certify that I have the authority to sign and qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 added above.

SIGNATURE: Thomas E. Johnston 4/29/98 (850) 309-0114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)