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Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90022 050 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000030773

1. Corporation Name  
SUNBELT BUILDING COMPONENTS, INC.

Principal Place of Business  
6339-1 ARGYLE FOREST BLVD.  
JACKSONVILLE FL 32244

Mailing Address  
6339-1 ARGYLE FOREST BLVD.  
JACKSONVILLE FL 32244



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number

59-3506621

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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

YOUSE, DAVID H JR  
2770 LORETTO ROAD  
JACKSONVILLE FL 32223

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 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)

29 MARCH 99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PRESIDENT~~ ~~DIRECTOR~~  DELETE

1.1 TITLE ~~PRESIDENT~~ ~~DIRECTOR~~  Change  Addition

NAME ~~DAVID H. YOUSE JR~~

1.2 NAME ~~DAVID H. YOUSE JR.~~

STREET ADDRESS ~~2770 LORETTO RD~~

1.3 STREET ADDRESS ~~2770 LORETTO RD.~~

CITY-ST-ZIP ~~JACKSONVILLE, FL 32223~~

1.4 CITY-ST-ZIP ~~JACKSONVILLE, FL 32223~~

TITLE ~~SECRETARY/TREASURER~~ ~~DIRECTOR~~  DELETE

2.1 TITLE ~~SECRETARY/TREASURER~~ ~~DIRECTOR~~  Change  Addition

NAME ~~JOSEPH E. ANDREWS~~

2.2 NAME ~~JOSEPH E. ANDREWS~~

STREET ADDRESS ~~7198 CYPRESS COVE RD~~

2.3 STREET ADDRESS ~~7198 CYPRESS COVE RD.~~

CITY-ST-ZIP ~~JACKSONVILLE, FL 32244~~

2.4 CITY-ST-ZIP ~~JACKSONVILLE, FL 32244~~

TITLE  DELETE

3.1 TITLE  Change  Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Joseph E. Andrews*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 March 99

Date

904-777-8517

Daytime Phone #

CR2E034 (1/198)

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