

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90025 005 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000108038**

1. Corporation Name

SEBRING DISCOUNT BUILDING SUPPLY, INC.

Principal Place of Business

6771 US #27 SOUTH  
SEBRING FL 33870

Mailing Address

6771 US #27 SOUTH  
SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0880717	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

ABLES, CLIFFORD M III  
 551 S COMMERCE AVE  
 SEBRING FL 33870

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTINGTON, DONALD A	1.2 NAME	
STREET ADDRESS	2998 NW HWY 70	1.3 STREET ADDRESS	1209 South Park Avenue
CITY-STATE-ZIP	ARCADIA FL 33821	1.4 CITY-STATE-ZIP	Winter Garden, FL 34787
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Sec/Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVERY, VINCENT	2.2 NAME	1718 First St.
STREET ADDRESS	1712 FIRST ST	2.3 STREET ADDRESS	1565 Sycamore Ave
CITY-STATE-ZIP	LAKE PLACID FL 33852	2.4 CITY-STATE-ZIP	LAKE PLACID, FL 33852
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	AVERY, CLIFFORD H	3.2 NAME	
STREET ADDRESS	1610 FIRST ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE PLACID FL 33852	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

941/3149881

Date

Daytime Phone #

CR2E034 (11/98)