

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:33

DOCUMENT # **S42125** (2)

1. Corporation Name

FLM BUILDING PRODUCTS, INC.

Principal Place of Business

**1900 AUSTRALIAN AVE
2ND FLOOR
RIVIERA BEACH FL 33404**

Mailing Address

**1900 AUSTRALIAN AVE
2ND FLOOR
RIVIERA BEACH FL 33404**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/01/1991

3a. Date of Last Report
01/19/1994

4. FEI Number
65-0021341

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ 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

10. Name and Address of New Registered Agent

**SULLIVAN, DAVID T.
1900 AUSTRALIAN AVE.
2ND FLOOR
RIVIERA BEACH FL 33408**

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**DP
EDWARDS, MICHAEL J
1900 AUSTRALIAN AVE., 2ND FLOOR
RIVIERA BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**DST
SULLIVAN, DAVID T
1900 AUSTRALIAN AVE., 2ND FLOOR
RIVIERA BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- 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-ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST- ZIP

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 1 (1)(b)(2)(3)(d), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Sullivan
DAVID SULLIVAN

2/2/95

(407) 842-4291