SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED
95 JUL -3 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # S70023 (4)

1. Corporation Name

COCOA BUILDING SUPPLY, INC.

Principal Place of Business	Mailing Address
P. O. BOX 6018 COCOA FL 32924	P. O. BOX 6018 COCOA FL 32924

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1991
3a. Date of Last Report: 05/27/1994
4. FEI Number: 59-3105408 ☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HEALY, PATRICK F.
700 S. BABCOCK ST.
SUITE 400
MELBOURNE FL 32902-2523

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WYATT, TABOR J.
STREET ADDRESS	490 COX ROAD
CITY-ST-ZIP	COCOA FL
TITLE	ST
NAME	WYATT, GWENDOLYN B.
STREET ADDRESS	490 COX ROAD
CITY-ST-ZIP	COCOA 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	P	XX Change ☐ Addition
1 2 NAME	WYATT, GWENDOLYN B.	
1 3 STREET ADDRESS	490 COX ROAD	
1 4 CITY-ST-ZIP	COCOA, FL	
2 1 TITLE	VP	XX Change ☐ Addition
2 2 NAME	WYATT, TABOR J.	
2 3 STREET ADDRESS	490 COX ROAD	
2 4 CITY-ST-ZIP	COCOA, FL	
3 1 TITLE	ST	XX Change ☐ Addition
3 2 NAME	WYATT, GWENDOLYN B.	
3 3 STREET ADDRESS	490 COX ROAD	
3 4 CITY-ST-ZIP	COCOA, FL	
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	pk 7/28	
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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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: GWENDOLYN B. WYATT [signature] 6-26-95 (407) 636-7717
Signature and typed or printed name of signing officer or director / Date / Daytime Phone #

CR2E034 (3/95)

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