

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001
Phone: 904-487-4444

APPROVED
AND
FILED

DOCUMENT # **V14855**

(3)

55 MAY -1 AM 9:32

FLORIDA BUILDERS SUPPLY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 800 DOUGLAS RD SUITE 530 MIAMI FL 33134
Mailing Address: 800 DOUGLAS RD SUITE 530 MIAMI FL 33134

(PRINT OR TYPE IN THIS SPACE)

3. Date of Incorporation or Organization: 02/17/1992
3a. Date of Last Report: 06/24/1994
4. FET Number: 65-0312872
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. 190.042, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business: 21. Mailing Address:
22. Suite, Apt. #, etc.: SUITE 185 26. Suite, Apt. #, etc.: SUITE 185
23. City & State: 27. City & State:
24. Zip: 25. Zip: 28. City: 29. City: 30. County:

9. Name and Address of Current Registered Agent:
SPILLIS, GEORGE P.
800 DOUGLAS RD
SUITE 530
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. Zip Code: FL 85. Zip Code:

11. Pursuant to the provisions of Sections 607.01(3) and 607.1508, Florida Statutes, the above named corporation solemnly declares 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 such person under Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	D SPILLIS, GEORGE P. 800 DOUGLAS RD STE 530 CORAL GABLES FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	☐ Change ☐ Addition
CITY & STATE		3. NAME	☐ Change ☐ Addition
NAME	D ZIMMERMAN, HOWARD W. 9445 S.W. 63 CT. MIAMI FL 33156	4. NAME	☐ Change ☐ Addition
STREET ADDRESS		5. NAME	☐ Change ☐ Addition
CITY & STATE		6. NAME	☐ Change ☐ Addition
NAME		7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. NAME	☐ Change ☐ Addition
CITY & STATE		9. NAME	☐ Change ☐ Addition
NAME		10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. NAME	☐ Change ☐ Addition
CITY & STATE		12. NAME	☐ Change ☐ Addition
NAME		13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	☐ Change ☐ Addition
CITY & STATE		15. NAME	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Chapter 190.02, Florida Statutes. I further certify that the information submitted with this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a signature made under oath and that I am not a director, officer, or shareholder of the corporation or a person who is a director, officer, or shareholder of the corporation. I am not a director, officer, or shareholder of the corporation. I am not a director, officer, or shareholder of the corporation.

SIGNATURE: *Howard W. Zimmerman* 5/1/95 305-444-1480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR