

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Samuel R. Methman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V46210** (3)

SCHROCK'S TRIM & BUILDING SUPPLY, INC.



Principal Office Location

3357 MARKO STREET
SARASOTA FL 34237

Main Address

3357 MARKO STREET
SARASOTA FL 34237

2. Principal Office Location

21 Street Address

22 City & State

23 Zip

24 Name and Address of Current Registered Agent

2a. Main Address

26 Street Address

27 City & State

28 Zip

29

30 Country

9. Name and Address of Current Registered Agent

HARRELL, DONALD J.
2033 MAIN STREET
SUITE 300
SARASOTA FL 34237

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

06/22/1992

3a. Date of Last Report

01/31/1995

4. FET Number

59-0346016

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. 193.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is an entity for the purpose of changing its registered office to the address set forth in the State of Florida. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is an entity for the purpose of changing its registered office to the address set forth in the State of Florida.

12. Name and Address of Current Registered Agent

D
SCHROCK, RICHARD
3357 MARKO STREET
SARASOTA FL

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

18. NAME

19. NAME

20. NAME

21. NAME

22. NAME

23. NAME

24. NAME

25. NAME

26. NAME

27. NAME

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, do hereby certify that the information supplied with this filing is true and correct and that I am a resident of the State of Florida. I, the undersigned, do hereby certify that the above named corporation is an entity for the purpose of changing its registered office to the address set forth in the State of Florida. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is an entity for the purpose of changing its registered office to the address set forth in the State of Florida.

SIGNATURE:

Richard Schrock President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15-23-96 941-365-4574

CR2E034 (12/95)