

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

101

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90042 028 ***150.00

DOCUMENT # 850412

1. Corporation Name
LESCO RESTORATIONS, INC.



Principal Place of Business 1341 NAZARETH CHURCH RD SPARTANBURG SC 29301	Mailing Address 1341 NAZARETH CHURCH RD SPARTANBURG SC 29301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1981	
21	26	4. FEI Number 57-0787175		Applied For Not Applicable	
22. Suite, Apt #, etc.		27. Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORP. SYSTEM 1200 SOUTHPINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, TOBY G.	12 NAME	
STREET ADDRESS	405 MASTERS POINT	13 STREET ADDRESS	
CITY-ST-ZIP	DUNCAN SC	14 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OATES, ROY R., JR.	22 NAME	
STREET ADDRESS	1690 HIGHWAY 417	23 STREET ADDRESS	
CITY-ST-ZIP	WOODRUFF SC	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Vice-President
STREET ADDRESS		33 STREET ADDRESS	Pasquale J. Lauro
CITY-ST-ZIP		34 CITY-ST-ZIP	2529 Wilcox Circle Denver, NC 28037
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Secretary/Treasurer
STREET ADDRESS		43 STREET ADDRESS	William Kleckley
CITY-ST-ZIP		44 CITY-ST-ZIP	7 Autumn View Ridge Travelers Rest, SC 29690
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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: W S Kleckley, Treasurer 3/16/99 (864) 439-8031
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)