

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/6/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # F94000001649 (2)

95 JUN 20 AM 10:07

1. Corporation Name
CAMERON ASHLEY INC.

Principal Place of Business Mailing Address
**11100 PLANO ROAD 11100 PLANO ROAD
DALLAS TX 75238 DALLAS TX 75238**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1994	3a. Date of Last Report
21		28		4. FEI Number 58-1984957	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	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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 CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City	FL	05

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 fee # application) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, RONALD R	1.2 NAME	
STREET ADDRESS	11100 PLANO ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX 75238	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURATORI, WALTER J	2.2 NAME	
STREET ADDRESS	5120 WEST CLIFTON	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33684	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAVEY, RICHARD L	3.2 NAME	
STREET ADDRESS	TWELVE PIEDMONT CENTER, STE. 210	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA 30305	3.4 CITY - ST - ZIP	
TITLE	DAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, WILLIAM A	4.2 NAME	
STREET ADDRESS	TWELVE PIEDMONT CENTER, STE. 210	4.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA 30305	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, WILLIAM S	5.2 NAME	
STREET ADDRESS	TWELVE PIEDMONT CENTER, STE. 210	5.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA 30305	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOEN, CHARLES C III	6.2 NAME	
STREET ADDRESS	2101 WEST WESLEY ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA 60091	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 110.07(3)(k), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: **6/10/95** TELEPHONE: **214-546-1996**

CR2E034 (3/95)