

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001649 (2)**

1. Corporation Name

**CAMERON ASHLEY INC.**



Principal Place of Business

Mailing Address

11100 PLANO ROAD  
DALLAS TX 75238

11100 PLANO ROAD  
DALLAS TX 75238

3. Date Incorporated or Qualified **03/31/1994** 3a. Date of Last Report **06/20/1995**

2. Principal Place of Business  
21 **11651 PLANO ROAD**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **11651 PLANO ROAD**  
Suite, Apt. #, etc.

4. FEI Number **58-1984957** Applied For Not Applicable

22 City & State  
23 **DALLAS TEXAS**

27 City & State  
28 **DALLAS TEXAS**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **75243** 25 Country **USA**

29 Zip **75243** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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**

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 \_\_\_\_\_

Signature typed or printed below by registered agent or director (SEE INSTRUCTIONS)

(PRINT) Registered Agent signature (SEE INSTRUCTIONS)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSS, RONALD R</b>	
STREET ADDRESS	<b>11100 PLANO ROAD</b>	
CITY-STATE-ZIP	<b>DALLAS TX 75238</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>MURATORI, WALTER J</b>	
STREET ADDRESS	<b>5120 WEST CLIFTON</b>	
CITY-STATE-ZIP	<b>TAMPA FL 33684</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAVEY, RICHARD L</b>	
STREET ADDRESS	<b>TWELVE PIEDMONT CENTER, STE. 210</b>	
CITY-STATE-ZIP	<b>ATLANTA GA 30305</b>	
TITLE	<b>DAS</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIES, WILLIAM A</b>	
STREET ADDRESS	<b>TWELVE PIEDMONT CENTER, STE. 210</b>	
CITY-STATE-ZIP	<b>ATLANTA GA 30305</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GREEN, WILLIAM S</b>	
STREET ADDRESS	<b>TWELVE PIEDMONT CENTER, STE. 210</b>	
CITY-STATE-ZIP	<b>ATLANTA GA 30305</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHOEN, CHARLES C III</b>	
STREET ADDRESS	<b>2191 WEST WESLEY ROAD</b>	
CITY-STATE-ZIP	<b>ATLANTA GA 60091</b>	

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>11651 PLANO ROAD</b>	
1.4 CITY-STATE-ZIP	<b>DALLAS TX 75243</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>JOHN S. DAVIS</b>	
6.3 STREET ADDRESS	<b>11651 PLANO ROAD</b>	
6.4 CITY-STATE-ZIP	<b>DALLAS, TX 75243</b>	

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 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: *John S. Davis* Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 214/860-5120  
DATE AND PHONE NUMBER

CR2E034 (12/95)