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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Davtime Phone #

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

P.O. BOX 1363

DOCUMENT # 667345

(3)

Mailing Address

P.O. BOX 1363

FLORIDA LUMBER INSPECTION SERVICE, INC.

**PERRY FL 32347** PERRY FL 32348-7363 3. Date Incorporated or Qualified 3a. Date of Last Report 04/21/1980 04/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2004213 21 1012 S. Orange St. 26 P. O. Box 1363 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Perry, FL Perry, FL Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Taylor 32628 25 30 Taylor Yes 🗵 No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEE. KENNETH W RT. 5 BOX 17 Street Address (P.O. Box Number is Not Acceptable) **PERRY FL 32347** 83 84 City 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 Significate hypnologiprinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THLE DELETE 1.4 TITLE Change NAMS LEE. KENNETH W 1.2 NAME RT. 5, BOX 17 STREET ADDRESS 1.3 STREET ADDRESS PERRY FL CHY-S1-Z0P 1.4 CITY-ST-ZIP TITLE STD DELETE 21 TITLE Change Addition NAME LEE, MARILYN J 22 NAME RT. 5, BOX 17 STREET ADDRESS 23 STREET ADDRESS PERRY FL CITY - ST - ZIP 2 4 CITY-ST-ZIP THLE DELETE 31 TITLE Change ☐ Addition NAME 32 NAME STREET ADDRESS **33 STREET ADDRESS** CITY - ST - ZIP 3.4. CITY - ST-ZIP TITLE DELETE Change 4.1 THUE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY - ST - ZIP 4.4 CITY - ST-ZIP DELETE TITLE 5.1 TITLE \_\_\_ Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-S1-ZiP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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.

Carretto co.