

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

FILED  
May 04 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F51928** (2)

1. Corporation Name

**DANTZLER LUMBER & EXPORT COMPANY**

Principal Place of Business

Mailing Address

**8000 GOVERNORS SQUARE BLVD  
SUITE 410  
MIAMI LAKES FL 33016**

**8000 GOVERNORS SQUARE BLVD  
SUITE 410  
MIAMI LAKES FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/30/1981**

4. FEI Number

**59-0213620**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOTOPULOS, THOMAS E.  
315 EAST MADISON STREET  
TENTH FLOOR, SUN BANK BLDG.  
TAMPA FL 33602**

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 name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b>                                | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GODINEZ, ANTONIO D.</b>              | 1.2 NAME  |   |
| STREET ADDRESS             | <b>121 CAPE FLORIDA DRIVE</b>           | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>KEY BISCAYNE FL</b>                  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VP</b>                               | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GODINEZ, BONNIE</b>                  | 2.2 NAME  |   |
| STREET ADDRESS             | <b>121 CAPE FLORIDA DR.</b>             | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>KEY BISCAYNE FL</b>                  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>S</b>                                | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>POTTER, VAUGHN</b>                   | 3.2 NAME  |   |
| STREET ADDRESS             | <b>9360 FOUNTAINBLEAU BLVD., 105</b>    | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                         | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>TAS</b>                              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COLEY, DENISE B</b>                  | 4.2 NAME  |   |
| STREET ADDRESS             | <b>3600 HIGH PINE DRIVE</b>             | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>CORAL SPRINGS FL</b>                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VP</b>                               | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>NOBLE, MIKE</b>                      | 5.2 NAME  |   |
| STREET ADDRESS             | <b>BOISE WAY</b>                        | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>COOPER CITY FL</b>                   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>AS</b>                               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FERNANDEZ, LUIS J</b>                | 6.2 NAME  |   |
| STREET ADDRESS             | <b>PO BOX 362108, N/A</b>               | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>SAN JUAN, PUERTO RICO 00936-2108</b> | 6.4 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.

SIGNATURE

CR2E034 (10/97)