

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT #
1. Corporation Name

F9500000599

Matson Lumber Company

Principal Place of Business
**100 Anchor Drive
Key Largo, FL 33037-5273**

3. Date Incorporated or Qualified 2/6/95	3a. Date of Last Report N/A
4. FEI Number 25-1431028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Same	26 c/o Schneider Downs & Co. Inc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 1133 Penn Avenue
City & State	City & State
23	28 Pittsburgh, PA
Zip	Zip
Country	Country
24	29 15222-4205
	30 Allegheny

9. Name and Address of Current Registered Agent

**Robert D. Matson
100 Anchor Drive
Key Largo, FL 33037-5273**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	400001876024	-06/26/96--01053--007	FL	33037-5273

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1. NAME	C/D
STREET ADDRESS		1. STREET ADDRESS	Robert D. Matson
CITY - ST - ZIP		1. CITY - ST - ZIP	Box 489, 100 Anchor Drive
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME	P/D
STREET ADDRESS		2. STREET ADDRESS	Richard G. Conti
CITY - ST - ZIP		2. CITY - ST - ZIP	132 Main Street
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3. NAME	Exec. V/D
STREET ADDRESS		3. STREET ADDRESS	Becky J. Matson
CITY - ST - ZIP		3. CITY - ST - ZIP	132 Main Street
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4. NAME	V
STREET ADDRESS		4. STREET ADDRESS	Barbara A. Conti
CITY - ST - ZIP		4. CITY - ST - ZIP	132 Main Street
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5. NAME	V
STREET ADDRESS		5. STREET ADDRESS	Jean English
CITY - ST - ZIP		5. CITY - ST - ZIP	132 Main Street
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6. NAME	T
STREET ADDRESS		6. STREET ADDRESS	Leonard Domenick
CITY - ST - ZIP		6. CITY - ST - ZIP	132 Main Street

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 on an attachment with an address.

SIGNATURE: Robert D. Matson 6/13/96 (305) 367-4718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)