

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

FILED

**Feb 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000000599 (9)

1. Corporation Name
MATSON LUMBER COMPANY



Principal Place of Business
**100 ANCHOR DR.
KEY LARGO FL 33037-5273**

Mailing Address
**C/O SCHNEIDER DOWNS & CO. INC
1133 PENN. AVE.
PITTSBURGH PA 15222-4252**

3. Date Incorporated or Qualified **02/06/1995** 3a. Date of Last Report **06/25/1996**

2. Principal Place of Business
21 **SAME**

2a. Mailing Address
26 **SAME**

4. FEI Number **25-1431028** Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$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 Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATSON, ROBERT D
100 ANCHOR DR.
KEY LARGO FL 33037-5273**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MATSON, ROBERT D	
STREET ADDRESS	100 ANCHOR DR. KEY LARGO FL 33037-5273	
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MATSON, BECKY JO	
STREET ADDRESS	132 MAIN ST. BROOKVILLE PA 15825	
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE
NAME	DOMENICK, LEONARD	
STREET ADDRESS	132 MAIN ST. BROOKVILLE PA 15825	
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE
NAME	CONTI, RICHARD A	
STREET ADDRESS	132 MAIN ST. BROOKVILLE PA 15825	
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE
NAME	ENGLISH, JEAN	
STREET ADDRESS	132 MAIN ST. BROOKVILLE PA 15825	
CITY-ST-ZIP		

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CONTI, BARBARA A.	
1.3 STREET ADDRESS	132 MAIN STREET BROOKVILLE, PA 15825	
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CONTI, RICHARD G.	
2.3 STREET ADDRESS	132 MAIN STREET BROOKVILLE, PA 15825	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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.

SIGNATURE: *Robert D. Matson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)