

CAPITAL CONNECTION 850 222 1222 07/30 '99 12:41 NO.128 02/03  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

99 AUG -2 AM 10:16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # W50978  
 1. Corporation Name  
**K & A LUMBER COMPANY, INC.**

Principal Place of Business Mailing Address  
**1001 West Mowry Drive  
 Homestead, Florida 33030**

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**1/11/1980**

|   |   |
|---|---|
| 2. Principal Place of Business                | 2a. Mailing Address                           |
| 21 1001 W. Mowry Drive<br>Suite, Apt. #, etc. | 26 1001 W. Mowry Drive<br>Suite, Apt. #, etc. |
| 22 City & State                               | 27 City & State                               |
| 23 Homestead, FL                              | 28 Homestead, FL                              |
| 24 33030 Dade                                 | 29 33030 Dade                                 |

4. FEI Number 59-1964408 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Addition Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**Wade C. Peterson  
 234 N. Krome Avenue  
 Homestead, FL 33030**

10. Name and Address of New Registered Agent  
 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 register 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 607.0506, Florida Statutes.  
 SIGNATURE [Signature] DATE 7/30/99

12. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | President/Director <input type="checkbox"/> DELETE |
| NAME           | Richard Jackson                                    |
| STREET ADDRESS | 1001 W. Mowry Drive                                |
| CITY-ST-ZIP    | Homestead, FL 33030                                |
| TITLE          | T/S/VP/D <input type="checkbox"/> DELETE           |
| NAME           | Richard S. Jackson III                             |
| STREET ADDRESS | 1001 W. Mowry Drive                                |
| CITY-ST-ZIP    | Homestead, FL 33030                                |
| TITLE          | <input type="checkbox"/> DELETE                    |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE                    |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE                    |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add            |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add            |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| 3.2 NAME           | 2000029472  |
| 3.3 STREET ADDRESS | -08/02/99--01056--012   |
| 3.4 CITY-ST-ZIP    | ****567.50 ****558.75   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add            |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add            |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add            |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.  
 SIGNATURE: [Signature] DATE: 8-2-99  
**Richard Jackson, President**