

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001264

**Entity Name:** BINGAMAN & SON LUMBER, INC.

**Current Principal Place of Business:**

550 PORTA ROSA CIRCLE  
ST.AUGUSTINE, FL 32092

**Current Mailing Address:**

550 PORTA ROSA CIRCLE  
ST.AUGUSTINE, FL 32092

**FEI Number: 23-1694390**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MEISER, MIKE  
550 PORTA ROSA CIRCLE  
ST.AUGUSTINE, FL 32092 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHRM  
Name BINGAMAN, MAX E  
Address P.O. BOX 247  
City-State-Zip: KREAMER PA 17833

Title P  
Name BINGAMAN, MAX E  
Address P.O. BOX 247  
City-State-Zip: KREAMER PA 17833

Title VP  
Name HEINTZELMAN, DEAN E  
Address P.O. BOX 247  
City-State-Zip: KREAMER PA 17833

Title S  
Name BINGAMAN, MARTHA E  
Address P.O. BOX 247  
City-State-Zip: KREAMER PA 17833

Title T  
Name BINGAMAN, CHRIS C  
Address P.O. BOX 247  
City-State-Zip: KREAMER PA 17833

Title CFO  
Name HURST, SCOTT L  
Address 1198 CREEK MOUNTAIN RD  
PO BOX 247  
City-State-Zip: KREAMER PA 17833

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SCOTT L HURST**

**CFO**

**01/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date