FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 017826 DOCUMENT # 1. Corporation Name ED SMITH LUMBER CO. Principal Place of Business Mailing Address 200 FIRST ST. 200 FIRST ST. NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 32266 3. Date Incorporated or Qualified 3a. Date of Last Report 04/01/1925 01/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 59-0697851 Stille, Apt. #, etc. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 22 27 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution $Z_{\rm ID}$ Added to Fees Country Zio Country 8. This corporation has liability for intangible tax under s 199.032, 25 24 29 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name CHIVINGTON, DOUGLAS E. 82 863 OCEAN BLVD Street Address (P.O. Box Number is Not Acceptable) ATLANTIC BEACH FL 32233 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1HLF PD DELETE 1.1 TITLE ☐ Change ☐ Addition CHIVINGTON, PAUL NAME 1.2 NAME STREET ADDRESS 1901 1ST ST NO. #703 1.3 STREET ADDRESS JACKSONVILLE FL CHTY-ST ZIP 14 CITY-ST-ZIP THE DELETE 2 1 THE ☐ Change ☐ Addition NAME CHIVINGTON, GWENDOLYN 2 2 NAME 1901 1ST ST NO. #703 SURELL ADDRESS 2 3 STREET ADORESS JACKSONVILLE FL CITY ST-ZIP 2 4 CITY-ST-ZIP Tille DELFTE 3.1 TITLE ☐ Change ☐ Addition NAM: 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS 013 y - S1 - Z12 34 CITY-ST-ZIP 33H^{*} DELETE 4.1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CHY S1-ZIP 4.4 CITY-ST-ZIP THEF DELETE 5. 1 TITLE ☐ Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST-ZIE 5 4 CITY - ST - ZIP THLE DELETE 6 1 TITLE ☐ Change ■ Addition NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS COTY ST-ZIP 14. I do hereby certify that the information supplied with this filing is Diuntarily 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, suplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if engaged, if on an attainment with in address. 6.4 CITY - ST - ZIP

1-16-96 904-149-5678.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR