STREET ADDRESS

CITY-ST-ZIP

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 JUL 18 MH 10: 23 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAMASSIF FLORIDA **DOCUMENT #** 017826 (9)ED SMITH LUMBER CO. Principal Place of Business Mailing Address 200 FIRST ST. 200 FIRST ST. **NEPTUNE BEACH FL 32268** NEPTUNE BEACH FL 32266 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified **04/01/1925** FEI Number 01/23/1996 2. Principal Place of Business 2a, Mailing Address Applied For 21 Not Applicable 26 59-0697851 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHIVINGTON, DOUGLAS E. 863 OCEAN BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **ATLANTIC BEACH FL 32233** 83 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and little if apphicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. (4/97)DELETE TITLE 1.1 TITLE -07/24/97--01107 CHIVINGTON, PAUL NAME 1.2 NAME CR2E034 ****165.00 ****165.00 1901 1ST ST NO. #703 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition D TITLE 21 TITLE CHIVINGTON, GWENDOLYN NAME 22 NAME 1901 1ST ST NO. #703 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - 7IP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE 61TITLE NAME 6.2 NAME

63 STREET ADDRESS

64 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 0 if attachment with an address.

ED SMITH LUMBER COMPANY

LUMBER - HARDWARE - PAINTS 200 FIRST STREET NEPTUNE BEACH, FLORIDA



July 15, 1997

FLORIDA DEPARTMENT OF STATE SANDRA M. MORTHAM SECRETARY OF STATE DIVISION OF CORPORATIONS

Dear Ms. Mortham:

Fer our conversation this A.M. I am writing to explain that we did infect file our CORPORATION ANNUAL REPORT with our check number 4957 in the amount of \$165.00 dated January 2,1997.

We are completing the second form as you explained and am enclosing a second caeck for \$165.00.

Sincerely,

Estell Kloafer. Estell K. Cooper Uffice Manger