


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

FILED

Jan 23 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 017826 (9)</b> 1. Corporation Name <b>ED SMITH LUMBER CO.</b>					
Principal Place of Business <b>200 FIRST ST. NEPTUNE BEACH FL 32266</b>			Mailing Address <b>200 FIRST ST. NEPTUNE BEACH FL 32266</b>		
2f Principal Place of Business <b>21 926 SOUTH THIRD SR.</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 926 SOUTH THIRD ST.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>04/01/1925</b>	
22 City & State <b>23 JACKSONVILLE BEACH, FL</b> Zip <b>24 32250</b>		27 City & State <b>28 JACKSONVILLE BEACH, FL</b> Zip <b>29 32250</b>		4. FEI Number <b>59-0697851</b> Applied For <input type="checkbox"/> Not Applicable	
25 DUVAL		30 DUVAL		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent <b>CHIVINGTON, DOUGLAS E. 883 OCEAN BLVD ATLANTIC BEACH FL 32233</b>		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
83		84 City		85 Zip Code	
FL		FL		FL	
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	PD	CHIVINGTON, PAUL	1901 1ST ST NO. #703 JACKSONVILLE FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	D	CHIVINGTON, GWENDOLYN	1901 1ST ST NO. #703 JACKSONVILLE FL	1.2 NAME	
				1.3 STREET ADDRESS	
				1.4 CITY-ST-ZIP	
				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.2 NAME	
				2.3 STREET ADDRESS	
				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 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.					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)

SIGNATURE:

PAUL CHIVINGTON JAN16,1998 904-249-5677