

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **153621** (8)

1. Corporation Name
MCGINNES LUMBER COMPANY AT PLANT CITY

Principal Place of Business W D MCGINNES 511 S COLLINS ST PLANT CITY FL 33566	Mailing Address W D MCGINNES 511 S COLLINS ST PLANT CITY FL 33566-5537
---	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1947		3a. Date of Last Report 02/09/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0353120		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MCGINNES, W D 1004 PINEDALE DRIVE PLANT CITY FL 33566				10. Name and Address of New Registered Agent			
81 Name W.D. MCGINNES, JR.				82 Street Address (P.O. Box Number is Not Acceptable) 70 MCGINNES LUMBER CO.			
83 511 S. COLLINS STREET				84 City PLANT CITY, FL			
				85 Zip Code 33566			

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 *W.D. McGinnes, Jr.* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MCGINNES, W D 1004 PINEDALE DRIVE PLANT CITY FL	1.1 TITLE	PRESIDENT
NAME		1.2 NAME	W.D. MCGINNES, JR.
STREET ADDRESS		1.3 STREET ADDRESS	1201 PINEDALE DRIVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PLANT CITY, FL. 33566
TITLE	VD MCGINNES, W.D. JR. 1201 PINEDALE DRIVE PLANT CITY FL	2.1 TITLE	VICE-PRESIDENT
NAME		2.2 NAME	CHRISTOPHER A. VORDERBURG
STREET ADDRESS		2.3 STREET ADDRESS	1202 PINEDALE DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PLANT CITY, FL. 33566
TITLE	ST HOLSTE, RONALD F 1021 RUSTIC LANE LAKELAND FL	3.1 TITLE	SECRETARY/TREASURER
NAME		3.2 NAME	RONALD L. LOVELL
STREET ADDRESS		3.3 STREET ADDRESS	3829 PARKSIDE DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	VALRICO, FL. 33594
TITLE	D MCGINNES, HELEN S 1004 PINEDALE DRIVE PLANT CITY FL	4.1 TITLE	DIRECTOR
NAME		4.2 NAME	W.D. MCGINNES, SR.
STREET ADDRESS		4.3 STREET ADDRESS	1004 PINEDALE DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PLANT CITY, FL. 33566
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE: *W.D. McGinnes, Jr.* 4/24/97 813-752-3163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)