FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:47

DOCUMENT # 171862 (6)

1. Corporation Name
GULF STREAM LUMBER COMPANY

Principal Place of Business	Mailing Address
1415 S FEDERAL HWY PO BOX 160 BOYNTON BEACH FL 33425	1415 S FEDERAL HWY PO BOX 160 BOYNTON BEACH FL 33425

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/09/1953
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-0693827 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VLASSIS, DENNIS
1415 S. FEDERAL HWY.
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	GRAVES, H E JR	1.2 NAME		
STREET ADDRESS	191 E MILLER AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	S/D	☒ Change ☐ Addition
NAME	ALLEN, ROBERT L.	2.2 NAME	Patrick L. O'Neill	
STREET ADDRESS	1415 S. FEDERAL HIGHWAY	2.3 STREET ADDRESS	191 E. Miller Avenue	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	Akron, OH	
TITLE	SD	3.1 TITLE	SVP/D	☒ Change ☐ Addition
NAME	CAMPBELL, FRANCIS P., JR	3.2 NAME		
STREET ADDRESS	191 E MILLER AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	GRAVES, CAROLYN T.	4.2 NAME	DELETE CAROLYN GRAVES	
STREET ADDRESS	191 E MILLER AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	EVP/D	☒ Change ☐ Addition
NAME	VLASSIS, DENNIS	5.2 NAME		
STREET ADDRESS	1415 S. FEDERAL HWY.	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP		
TITLE	PD	6.1 TITLE		☐ Change ☐ Addition
NAME	GRAVES, S. KEITH	6.2 NAME		
STREET ADDRESS	191 E. MILLER AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dennis K Vlassis Exec V.P. 1/16/95 (407)732-9763
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Dennis Vlassis (Date) (Daytime Phone #)

0436637 FP