

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 171862

1. Corporation Name

GULF STREAM LUMBER COMPANY

Principal Place of Business

1415 S FEDERAL HWY
PO BOX 160
BOYNTON BEACH FL 33425

Mailing Address

1415 S FEDERAL HWY
PO BOX 160
BOYNTON BEACH FL 33425

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90095 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1953

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 owes the current year Intangible
Personal Property Tax.

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME GRAVES, H E JR
STREET ADDRESS 191 E MILLER AVE
CITY-ST-ZIP AKRON OH

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

VCC (VICE CHAIRMAN)
GRAVES, HE JR
191 E MILLER AVE
AKRON OH

☒

Change ☐ Addition

TITLE S D ☐ DELETE

NAME O'NEIL, PATRICK L.
STREET ADDRESS 191 E. MILLER AVENUE
CITY-ST-ZIP AKRON OH

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐

Change ☐ Addition

TITLE D ☐ DELETE

NAME CAMPBELL, FRANCIS P JR
STREET ADDRESS 191 E MILLER AVE
CITY-ST-ZIP AKRON OH

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐

Change ☐ Addition

TITLE EVPD ☐ DELETE

NAME VLASSIS, DENNIS
STREET ADDRESS 1415 S. FEDERAL HWY.
CITY-ST-ZIP BOYNTON BEACH FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒

Change ☐ Addition

TITLE PD ☐ DELETE

NAME GRAVES, S. KEITH
STREET ADDRESS 191 E. MILLER AVE.
CITY-ST-ZIP AKRON OH

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒

Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐

Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Dennis Vlassis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

561 732-9763
Daytime Phone #

CR2E034 (4/1/98)