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 FEB 24 PM 4:18

DOCUMENT # **176478** **(6)**

1. Corporation Name
HARDWOODS, INC.

Principal Place of Business
1300 W INDUSTRIAL AVE
BLDG A BAYS 105-107
BOYNTON BCH. FL 33426
US

Mailing Address
2600 E HWY 146
P. O. B OX 68
LA GRANGE KY 40031-9153
US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 12/12/1953
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-0727958 — ☐ 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

NENTWIG, RONALD W
1300 IND. AVE.
BLDG. A BAYS 105-107
BOYNTON BEACH FL 33426

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	GUDMUNDSSON, JON S. (JR)	12 NAME	
STREET ADDRESS	10518 BUCKEYE TRACE	13 STREET ADDRESS	
CITY-ST-ZIP	GOSHEN KY	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	NENTWIG, RONALD	22 NAME	
STREET ADDRESS	7601 S.W. 144TH TERR.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	STD — XX Change ☐ Addition
NAME	GIRARDI, TIMOTHY	32 NAME	Girardi, Timothy
STREET ADDRESS	460 PEACE VALLEY	33 STREET ADDRESS	8010 Shadow Creek Rd.
CITY-ST-ZIP	PEEWEE VALLEY KY	34 CITY-ST-ZIP	Crestwood, KY 40014
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GUDMUNDSSON, ORN	42 NAME	
STREET ADDRESS	117 TRIBAL RD.	43 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 the 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/95 — Date
502 222 1441 — Daytime Phone

0467855 FN