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

PROFIT CORPORATION ANNUAL REPORT

1997

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**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 03 1997 8:00am

Secretary of State

8-25-97 (813) 442-3161

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 187999

(8)

HAMRICK'S LUMBER YARD, INC.

| Principal Place of Business Mailing Address             |   |  |                 | <del> </del>                     |   | (BII BIBI) BIBI) BIBII BIBII BIBIF FB BI                       |
|---|---|--|-----------------|----------------------------------|---|--|
| 1601 E DRUID ROAD<br>P O BOX 576<br>CLEARWATER FL 34617 |   | 1601 E DRUID ROAD<br>P O BOX 576<br>CLEARWATER FL 34617-0576 |                 |                                  |   |  |
|   |   |  |                 |                                  | <ol> <li>Date Incorporated or Qualified</li> <li>09/24/1955</li> </ol>                      | 3a. Date of Last Report 04/22/1996                             |
| 2. Principal Place of Business                          |   | 2a. Mailing Address  |                 | 4. FEI Number                    | Applied For   |  |
| 21  |   | 26   |                 | 59-0753927                       | Not Applicable  |  |
| Suite, Apt. #, etc.<br>22                               |   | Suite, Apt. #, etc.  |                 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required  |  |
| City & Stat   | le  | City & State   |                 |                                  | Election Campaign Financing     Trust Fund Contribution                                     | \$5.00 May Be Added to Fees                                    |
| 7(r)  | Country<br>25   | Zip <b>29</b>  | Counti          | У                                | 8. This corporation has liability for in Florida Statutes                                   | ntangible tax under s. 199.032,                                |
| 9. Name and Address of Current Registered Agent         |   |  |                 |                                  | 10. Name and Address of New Reg   |  |
| HAMRICK, CHARLES W. SR.                                 |   |  |                 | Name                             |   |  |
| 1843 KENDALL DRIVE<br>CLEARWATER, FL                    |   |  | 8:              | Street                           | Address (P.O. Box Number is Not Acceptabl   | е)   |
| 34624   |   |  | 8:              | 3                                |   |  |
|   |   |  | 84              | City                             |   | FL 85 Zip Code   |
| office or r   | to the provisions of Sections 607.0502<br>registored agent, or both, in the State of<br>an familiar with, and accept the obliga | of Florida. Such change was                                  | authorized t    | y the core                       | corporation submits this statement for the puperation's board of directors. I hereby accept | rpose of changing its registered the appointment as registered |
| SIGNATURE   | Signature typical or printed name of registered agen  | d and title if applicable (NC                                | TE Registered A | sent signature                   | e required when reinstating)  | DATE   |
| 12.   | OFFICERS AND  |  | 13.             | on algranore                     | ADDITIONS/CHANGES TO OFFICE   |  |
| TITLE   | P DELETE 1.1  |  | 1.1 TITLE       |                                  | <u> </u>  | Change Addition  |
| NAMÉ  | HAMRICK, SR. C  |  | 1,2 NAME        |                                  |   |  |
| STREET ADDRESS  | 1843 KENDALL DRIVE  |  | 1.3 STREE       | T ADDRESS                        |   |  |
| CITY - ST - ZIP   | CLEARWATER FL   |  | 1.4 CITY-       | ST-ZIP                           | ·   |  |
| THILF   | VP  | <b>₹</b> DELETE  | 2.1 TITLE       |                                  | Ÿ   | Change Addition  |
| NAMÉ  | HAMRICK, JR. CHARLES W.   |  | 2.2 NAME        |                                  | Dorothy E Hamrick   |  |
| STREET ADDRESS  | 1601 E. DRUID RAOD  |  | 2.3 STREE       | T ADDRESS                        | 4324 Loys Dr.   |  |
| CITY - \$1 - 20P  | CLEARWATER FL   |  | 2. 4 CITY       | -ST-ZIP                          | Jacksonville, Fl. 32210   | 5  |
| WE  | ST  | ☐ DELETE   | 3.1 TITLE       |                                  |   | Change Addition  |
| NAME  | HAMRICK JR., CHARLES  |  | 3.2 NAME        |                                  |   |  |
| STREET ADDRESS  | 1601 E. DRUID   |  | 3.3 STREE       | T ADDRESS                        |   |  |
| CITY - S1 - ZIP   | CLEARWATER FL   |  | 3.4 CITY        | -ST-ZIP                          |   |  |
| TITLE   |   | DELETE   | 4.1 TITLE       |                                  |   | ☐ Change ☐ Addition  |
| NAME  |   |  | 4. 2 NAME       |                                  |   |  |
| STREET ADDRESS  |   |  | 4.3 STREE       | T ADDRESS                        |   |  |
| CITY - ST - ZIP   |   |  | 4.4 CITY        | ST-ZIP                           |   |  |
| Titlé   | DELETE  |  | 5.1 TITLE       |                                  |   | Change Addition  |
| NAME  |   |  | 5.2 NAME        |                                  |   |  |
| STREET ADDRESS  |   |  | 5.3 STREE       | T ADDRESS                        |   |  |
| CHTY+ST+70P   |   |  | 5.4 CITY-       | ST-ZIP                           |   |  |
| TITLE   |   | ☐ DELETE   | 6.1 TITLE       |                                  |   | Change Addition  |
| NAME  |   |  | 6.2 NAME        |                                  |   |  |
| STREET ADDRESS  |   |  | 6 3 STREE       | T ADDRESS                        |   |  |

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 of 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 species of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name