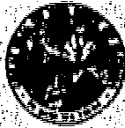


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 7:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 260425

(4)

1. Corporation Name

W & W LUMBER & BUILDING SUPPLIES INC

Principal Place of Business

16500 SW WARFIELD BLVD
P.O. BOX 1
INDIANTOWN FL 34956-7001

Mailing Address

16500 SW WARFIELD BLVD
P.O. BOX 1
INDIANTOWN FL 34956-7001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/28/1962

3a. Date of Last Report

03/11/1994

4. FBI Number

59-0994064

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALL, HARRIS H
16500 SW PALOMINO STREET
INDIANTOWN, FL
34956

81. Name

WALL, IRIS

82. Street Address (P.O. Box Number is Not Acceptable)

16500 SW PALOMINO ST.

83.

84. City

INDIANTOWN

FL

85. Zip Code
34956

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

IRIS WALL

IRIS WALL

4/4/95

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
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
GILLIAM, ALLEN RICHARD
15950 SW PALOMINO ST
INDIANTOWN, FL 00000

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
WALL, HARRIS H
16500 SW PALOMINO ST
INDIANTOWN, FL 33456

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
PD
WALL, IRIS
16500 SW PALOMINO ST.
INDIANTOWN, FL. 34956
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
WALL, IRIS
16500 SW PALOMINO ST
INDIANTOWN, FL 00000

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
TD
GILLIAM, LOIS TERRY
15950 SW PALOMINO ST.
INDIANTOWN, FL. 34956
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
LAWRENCE, CAROLYN W
16200 SW MAPLE AVE.
INDIANTOWN, FL 00000

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Carolyn W. Lawrence* CAROLYN W. LAWRENCE, SECRETARY

4/4/95

407-597-3506

SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR