FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortkam ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 265200 (6)INTERCITY LUMBER COMPANY, INC. Principal Place of Business Mailing Address 5301 CAUSEWAY BLVD. 5301 CAUSEWAY BLVD. **TAMPA FL 33619** TAMPA FL 33619 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1962 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-1021504 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GRIFFIN JR, RALPH M GRIFFIN III, RALPH M 11106 HANNAWAY DR 82 Street Address (P.O. Box Number is Not Acceptable) RIVERVIEW FL 33569 SAME 83 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. Further subligations of, Section 607.0505, Florida Statutes. ROLPH GRIFFIN III SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 TITLE DELETE 1.1 TITLE NAME GRIFFIN, RALPH M 1.2 NAME GRIFFIN III, RALPH M STREET ADDRESS 11106 HANNAWAY DR 1.3 STREET ADDRESS 11106 HANNAWAY DR RIVERVIEW FL CITY-51-7IP 1.4 City ST-ZIP RIVERVIEW FL 33569 DELETE Change X Addition 2.1 TITLE TITLE GRIFFIN, RALPH M JR 2.2 NAME STREET AODRESS 8001 HANCOCK ST 2.3 STREET ADDRESS RIVERVIEW FL 33569 RIVIERVIEW FL CITY-ST-ZIP 2. 4 CHTY-ST-ZIP DELETE 31 TILLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ANDRESS 4.4 CITY - ST - ZiP CITY-ST-ZIP DELETE 51 TITLE Change Addition 5.2 NAM8 STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 good a statute with an address of the receiver o

5.4 City - ST- ZiP

6.3 STREET ADORESS 6.4 CITY-ST-ZIP

6.1 THILE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

2/12/98

(813) 626-5232

Change

Addition