FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90132 024 ***150.00

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 # 293748

WIGHTMAN LUMBER COMPANY

	,										
Principal Place of Business Mailing Address							-)	1811 61811 1891	
7120 N.W. 1 AVE.		P Q BOX 1276									
MIAMI FL 33150-3702		MIAMI FL 33138-1276				DO NOT MORE IN THIS SPACE					
US		US				DO NOT WRITE IN THIS SPACE					
							3. Date incorporated or Qualifed 06/09/1965	_			
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number				
21		26					59-1097997			Applicable	
Suite, Apt. #, etc.		Suite, Apt: #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing	\$	5.00	May Be		
23		28				Trust Fund Contribution		Added to	Fees		
Zip	Country	Zip	Cou	intry			8. This corporation owes the current ye			_	
24	25	29	30				Personal Property Tax.	<u> </u>	es	□No	
•	9. Name and Address of Current	Registered Agent					10. Name and Address of New Regis	tered Agen	<u>t</u>		
	C LEURO N. ID			81	Name					ĺ	
	K, LEWIS N., JR.			82	Street	Addre	ss (P.O. Box Number is Not Acceptable)				
	SUNSET DR	ا ا									
COR	AL GABLES FL 33114			83							
				84	City		···	85	Zip C	ode	
					-			FL			
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligation	f Florida. Such change was at	utnorize	ועסוב	tne comp	corpoi oration	ration submits this statement for the purpor's board of directors. I hereby accept the	ose of chan appointme	ging its i nt as reg	registered pistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	1 Agent	t signature	required:	when reinstating)	ATE			
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFICE			RS IN 12	
TITLE	Р	☐ DELETE	1.1 T	TLE		Ţ		. 🗆	Change	☐ Addition	
NAME	WIGHTMAN, WILLIAM S, JR.		1.2 N	AME						}	
STREET ADDRESS	1700 N. E. 105TH ST., #519		1.3 S	TREET	ADDRESS	; [ĺ	
CITY-ST-ZIP	MIAMI SHORES FL		1.4 C	1.4 CITY-ST-ZIP				_			
TITLE	ST			2.1 TITLE					Change	Addition	
NAME	WIGHTMAN, ELLEN D.		2.2 N	2.2 NAME							
STREET ADDRESS	1700 N. E. 105TH ST., #519		2.3 S	TREET	ADDRESS	;					
CITY-ST-ZIP	MIAMI SHORES FL	ag antiover a a .		TY-S) ,	en e	F		-	
TITLE	THE REPORT OF THE PARTY OF THE	☐ DELETE	3.1 T						Change	Addition	
NAME	•		3.2 N	AME							
STREET ADDRESS			3.3 S	TREET	ADDRESS	;					
CITY-ST-ZIP			3.4. 0	CITY-S	T-ZIP						
TITLE		☐ DELETE	4.1 T	TLE					Change	☐ Addition	
NAME			4, 21	IAME							
STREET ADDRESS	•		4.3 S	TREET	ADDRESS	;				1	
CITY-ST-ZIP			4.4 C	ΠY-S <u>T</u>	r-ZIP						
TITLE		☐ DELETE	5.1 T	TLE			·		Change	☐ Addition	
NAME			4	AME			·				
STREET ADDRESS			5.3 S	TREET	ADDRESS	ا ز					
CITY-ST-ZIP	·		_	ITY-SI	r-ZIP						
TITLE		☐ DELETE	6.1 T	ITLE					Change	☐ Addition	
NAME			6.2 N	AME		1				į	
ATTET LABORES			635	TREET	ADDRESS	ان				Ì	

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.

6.4 CITY-ST-ZIP