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FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 439711 (3)
1. Corporation Name

DESTIN LUMBER AND SUPPLY COMPANY, INC.

Principal Place of Business	Mailing Address
500 Niceville Ave. Niceville, Fl. 32578 US	P. O. Box 368 Niceville, Fl. 32588-0368

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1973	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1520491	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCCALL, R.T.
15 PINE HILL DR.
DEFUNIAK SPRINGS, FL. 32433

10. Name and Address of New Registered Agent

81	Name	MCCALL, R. T.	
82	Street Address (P.O. Box Number is Not Acceptable)	15 PINE HILL DR.	
83	City	DEFUNIAK SPRINGS, FL	
84	Zip Code	32433	

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 _____ DATE _____
(Signature typed or printed name of reg. agent and fee, if applicable) (NO! Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	MCCALL, R.T.	12 NAME	
STREET ADDRESS	15 PINE HILL DR.	13 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL. 32433	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	
NAME	SUPPLE, WILBUR N.	22 NAME	
STREET ADDRESS	45 LAKESIDE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL. 32433	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	
NAME	PAULK, LARRY E.	32 NAME	
STREET ADDRESS	202 NATHEY	33 STREET ADDRESS	DECEASED
CITY-ST-ZIP	NICEVILLE, FL.	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	200002473022
NAME		52 NAME	-03/31/98--01021--021
STREET ADDRESS		53 STREET ADDRESS	***150.00
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 amendment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

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