

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90221 031 ***150.00

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DOCUMENT # 459045

1. Corporation Name

AMERICAN LUMBER AND SUPPLY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

~~1063 NE 43RD ST~~
~~BOCA RATON FL 33062~~

~~1063 NE 43RD ST~~
~~CORAL SPRINGS FL 33065~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1974

4. FEI Number

59-1541880

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

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1063 NE 43RD STREET

2a. Mailing Address

26 1063 NE 43RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 OAKLAND PARK, FL

27 City & State

28 OAKLAND PARK, FL

Zip

33334

Country

25 USA

Zip

33334

Country

30 USA

9. Name and Address of Current Registered Agent

OSINSKI, VAL
9720 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME KNIGHT, DON E
STREET ADDRESS 17635 BONIELLO RD
CITY-ST-ZIP BOCA RATON FL

TITLE VP
NAME SAPIA, DIANNE
STREET ADDRESS 818 FAIRWAY DR
CITY-ST-ZIP PLANTATION FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Sec.-Treas
1.2 NAME Don Knight
1.3 STREET ADDRESS 1063 NE 43rd Street
1.4 CITY-ST-ZIP Oakland Park, FL 33334

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE PRES.
3.2 NAME Kip Knight
3.3 STREET ADDRESS 811 SE 22nd Ave #4
3.4 CITY-ST-ZIP Pompano Beach, FL 33062

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE R. Knight 4-12-99 954-630-3505

CR2E034 (11/98)