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Secretary of State

03-01-1999 90169 034 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F51928

1. Corporation Name

DANTZLER LUMBER & EXPORT COMPANY

Principal Place of Business
8000 GOVERNORS SQUARE BLVD
SUITE 410
MIAMI LAKES FL 33016

Mailing Address
8000 GOVERNORS SQUARE BLVD
SUITE 410
MIAMI LAKES FL 33016



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1981

4. FEI Number

59-0213620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

FOTOPULOS, THOMAS E.
315 EAST MADISON STREET
TENTH FLOOR, SUN BANK BLDG.
TAMPA FL 33602

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 ☐ DELETE
NAME **P**
STREET ADDRESS **GODINEZ, ANTONIO D.**
CITY-ST-ZIP **121 CAPE FLORIDA DRIVE**
KEY BISCAYNE FL

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **POTTER, VAUGHN**
CITY-ST-ZIP **9360 FOUNTAINBLEAU BLVD., 105**
MIAMI FL

TITLE ☒ DELETE
NAME **TAS**
STREET ADDRESS **COLEY, DENISE B**
CITY-ST-ZIP **3600 HIGH PINE DRIVE**
CORAL SPRINGS FL

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **NOBLE, MIKE**
CITY-ST-ZIP **BOISE WAY**
COOPER CITY FL

TITLE ☐ DELETE
NAME **AS**
STREET ADDRESS **FERNANDEZ, LUIS J**
CITY-ST-ZIP **PO BOX 362108, N/A**
SAN JUAN, PUERTO RICO 00936-2108

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
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 # **627-120**

1/8/98 (305) 828-9665

CR2E034 (11/98)