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Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000599 (9)

1. Corporation Name
MATSON LUMBER COMPANY

Principal Place of Business
100 ANCHOR DR.
KEY LARGO FL 33037-5273

Mailing Address
C/O SCHNEIDER DOWNS & CO. INC
1133 PENN AVE.
PITTSBURGH PA 15222-4252



3. Date Incorporated or Qualified 02/06/1995
3a. Date of Last Report 06/25/1996

2. Principal Place of Business 21 SAME Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 25-1431028 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

MATSON, ROBERT D
100 ANCHOR DR.
KEY LARGO FL 33037-5273

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD MATSON, ROBERT D 100 ANCHOR DR. KEY LARGO FL 33037-5273 CITY-ST-ZIP	1.1 TITLE	V CONTI, BARBARA A. 132 MAIN STREET BROOKVILLE, PA 15825 CITY-ST-ZIP
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD MATSON, BECKY JO 132 MAIN ST. BROOKVILLE PA 15825 CITY-ST-ZIP	2.1 TITLE	PD CONTI, RICHARD G. 132 MAIN STREET BROOKVILLE, PA 15825 CITY-ST-ZIP
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T DOMENICK, LEONARD 132 MAIN ST. BROOKVILLE PA 15825 CITY-ST-ZIP	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V CONTI, RICHARD A 132 MAIN ST. BROOKVILLE PA 15825 CITY-ST-ZIP	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V ENGLISH, JEAN 132 MAIN ST. BROOKVILLE PA 15825 CITY-ST-ZIP	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Robert D. Matson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)