

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90026 027 ***550.00

DOCUMENT # **F95000000599**

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 15222-4205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1995

4. FEI Number

25-1431028

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.

☒

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

30

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

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 **X Robert D. Matson**

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

(NOTE: Registered Agent signature required when reinstating)

7/20/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MATSON, ROBERT D	
STREET ADDRESS	100 ANCHOR DR.	
CITY-ST-ZIP	KEY LARGO FL 33037-5273	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MATSON, BECKY JO	
STREET ADDRESS	132 MAIN ST.	
CITY-ST-ZIP	BROOKVILLE PA 15825	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DOMENICK, LEONARD	
STREET ADDRESS	132 MAIN ST.	
CITY-ST-ZIP	BROOKVILLE PA 15825	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONTI, RICHARD A	
STREET ADDRESS	132 MAIN ST.	
CITY-ST-ZIP	BROOKVILLE PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ENGLISH, JEAN	
STREET ADDRESS	132 MAIN ST.	
CITY-ST-ZIP	BROOKVILLE PA 15825	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CONTI, BARBARA A	
STREET ADDRESS	132 MAIN ST	
CITY-ST-ZIP	BROOKVILLE PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

L. L. DOMENICKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/20/99

Daytime Phone #

CR2E034 (5/99)

0115964