

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000006316 (2)**

1. Corporation Name
ABELL LUMBER CORPORATION



Principal Place of Business: **10324 LIBERTY ROAD LAWRENCEVILLE VA 23068**
Mailing Address: **10324 LIBERTY ROAD LAWRENCEVILLE VA 23068**

3. Date Incorporated or Qualified: **12/28/1995**
3a. Date of Last Report

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 54-0797970	Applied For Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. Country		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**RICHARDSON, ZACHARY M
150 E. PALMETTO PARK ROAD #800
BOCA RATON FL 33432**

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

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 _____ (NOTE: Registered Agent signature is required if there is a change.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCY III, JOHN C	1.2 NAME	
STREET ADDRESS	10324 LIBERTY ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAWRENCEVILLE VA	1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, REBECCA	2.2 NAME	
STREET ADDRESS	19324 LIBERTY ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAWRENCEVILLE VA	2.4 CITY - ST - ZIP	
TITLE	AST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, ZACHARY M	3.2 NAME	
STREET ADDRESS	150 E. PALMETTO PARK ROAD #800	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCY JR, JOHN C	4.2 NAME	
STREET ADDRESS	10324 LIBERTY ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAWRENCEVILLE VA	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCY, CAROLYN S	5.2 NAME	
STREET ADDRESS	10324 LIBERTY ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAWRENCEVILLE VA	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPUASA, DAWN M	6.2 NAME	
STREET ADDRESS	10324 LIBERTY ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	LAWRENCEVILLE VA	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Rebecca Daniel* Rebecca Daniel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)