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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90021 034 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G89151

OVERSEAS LUMBER SUPPLY, INC.

	•							
Principal Place	of Business	Mailing	Address			**	At 61611 93931 81811 61811 818	11 81811 1881
MM 30 1/2 OVERSEAS HWY		88521 0	88521 OVERSEAS HWY.			·		
BIG PINE KEY FL 33043			TAVERNIER FL 33070			DO NOT WRITE IN THIS SPACE		
US	•	US				3. Date Incorporated or Qualifed	THE GITTOL	
ļ						03/07/1984		
2 Principal Pl	ace of Business	2a. Ma	iling Address			4. FEI Number	Appl	ied For
21	uce of Basillots	26	g			59-2387385	Not	Applicable
Suite, Apt. :	#, etc.		te, Apt. #, etc.		-	5. Certificate of Status Desired	\$8.75 Ac	
22		27				5. Certificate of Status Desired	Fee Req	uired
City & State	•	Cit	y & State			6. Election Campaign Financing	ր \$5.00 N	•
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		Cou	ntry	8. This corporation owes the current		_
24	25	29		30		Personal Property Tax.		□No
ļ	9. Name and Address of Curre		d Agent		81 Name	10. Name and Address of New Regi	stered Agent	
NCC	CALCADED AND ROLLER	*			Name			
MCCLENITHAN, BRUCE S. 88521 OVERSEAS HWY.			.	82 Street Address (P.O. Box Number is Not Acceptable)				
	RNIER FL 33070				83		eren eren eren eren. Bretti in Andria Million	or a service
1745	MINIER I E 33070				63			
	•				84 City		FL 85 Zip Co	ode
office or read agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig					poration submits this statement for the pur tion's board of directors. I hereby accept th	pose of changing its regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if appl	icable. (NO	TE: Registered	A cont pignatura regul	red when reinstating)	DATE	
					Agent signature requi	The tribute of tribute of the tribute of the tribute of the tribute of the tribut		
12.	OFFICERS A	ND DIRECTO	ORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	
TITLE	PTD	ND DIRECTO		13.	TLE	The tribute of tribute of the tribute of the tribute of the tribute of the tribut		S IN 12
	PTD MCCLENITHAN, BRUCE S.	AND DIRECTO	ORS	13.	TLE	The tribute of tribute of the tribute of the tribute of the tribute of the tribut	ERS AND DIRECTOR	
TITLE	PTD MCCLENITHAN, BRUCE S. 88521 OVERSEAS HWY	AND DIRECTO	ORS	13. 1.1 TO 1.2 NA 1.3 ST	TLE AME TREET ADORESS	The tribute of tribute of the tribute of the tribute of the tribute of the tribut	ERS AND DIRECTOR	
TITLE NAME	PTD MCCLENITHAN, BRUCE S. 88521 OVERSEAS HWY TAVERNIER FL	AND DIRECTO	ORS DELETE	13. 1.1 TO 1.2 NA 1.3 ST 1.4 CC	TLE AME TREET ADORESS TY-ST-ZIP	The tribute of tribute of the tribute of the tribute of the tribute of the tribut	ERS AND DIRECTOR ☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	PTD MCCLENITHAN, BRUCE S. 88521 OVERSEAS HWY TAVERNIER FL VDS	AND DIRECTO	ORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII	TILE AME REET ADDRESS TY-ST-ZIP TLE	The tribute of tribute of the tribute of the tribute of the tribute of the tribut	ERS AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCCLENITHAN, BRUCE S. 88521 OVERSEAS HWY TAVERNIER FL VDS WOOD, R. ALLEN, JR.	AND DIRECTO	ORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA	TLE AME TREET ADORESS TY-ST-ZIP TLE AME	The tribute of tribute of the tribute of the tribute of the tribute of the tribut	ERS AND DIRECTOR ☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTD MCCLENITHAN, BRUCE S. 88521 OVERSEAS HWY TAVERNIER FL VDS WOOD, R. ALLEN, JR. 88521 OVERSEAS HWY	ND DIRECTO	ORS DELETE	13. 1.1 TII 12 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	TLE AME TREET ADORESS TY-ST-ZIP TLE AME TREET ADDRESS	The tribute of tribute of the tribute of the tribute of the tribute of the tribut	ERS AND DIRECTOR ☐ Change	☐ Addition
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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 charged, or on an attachment with an address, with all other like empowered.

6.4 CITY+ST-ZIP

STREET ADDRESS