

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -8 AM 9:52

DOCUMENT # **H22379** (2)

1. Corporation Name
LANAHAN LUMBER CO., INC.

Principal Place of Business	Mailing Address
% MICHAEL J. LANAHAN 2014 E. ADAMS ST. JACKSONVILLE FL 32202	% MICHAEL J. LANAHAN 2014 E. ADAMS ST. JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 09/24/1984	3a. Date of Last Report 05/31/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2448660	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	29 Zip	30 Country
24	25	29	30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**LANAHAN, MICHAEL J.
2014 E. ADAMS STREET
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 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

TITLE	P
NAME	LANAHAN, MICHAEL J.
STREET ADDRESS	2014 E. ADAMS ST.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	AS
NAME	LANAHAN, MARY ANNE VAIL
STREET ADDRESS	2014 E ADAMS STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	T
NAME	WOOLARD, HILTON C
STREET ADDRESS	2014 E ADAMS STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	V
NAME	DEMERANVILLE, JOE
STREET ADDRESS	2014 E ADAMS ST.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	V
NAME	BOST, HARLAN
STREET ADDRESS	2014 EAST ADAMS STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	MENDILLO, KAREN N
STREET ADDRESS	2014 E ADAMS STREET
CITY - ST - ZIP	JACKSONVILLE FL

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 unchanged, or on an attachment with an address.

SIGNATURE:

Hilton C. Woolard
Hilton C. Woolard

6/5/95

904-356-0721

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)