FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90028 003 ***150.00

DOCUMENT # H40730

H & W LUMBER, INC

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Dringing Place	of Business	Ma	ailing Address				I (VAIN) DIN CIRIS CONT. CORRESINA CONTRACTOR CONTRACTO
This part to be of Debited							·
2610 FAIRFAX STREET P. O. BOX 41604 P. O. BOX 41604 P. O. BOX 41604							, and the transfer of the control
JACKSONVILLE FL 32203-1604 JACKSONVILLE FL 32203-1604							DO NOT WRITE IN THIS SPACE
US US						•	3. Date Incorporated or Qualifed
							02/01/1985 4. FEI Number Applied For
2. Principal Pla	ace of Business	2a.	Mailing Address				· · · · · · · · · · · · · · · · · · ·
Suite, Apt. #, etc.			6				59-2496264 Not Applicable \$8.75 Additional
Suite, Apr. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
22	* ,	27					
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23			Zip Country				This corporation owes the current year Intangible
Zip	Country	Н	Zip T		iu y		Personal Property Tax. 1999 Yes \(\sum \text{No}\)
24	25	29		30			10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Kegis	stered Agent		81	Name	To: that the transmission of the transmission
UIFI	CTAN W			l			
HILL, STAN W.					82 Street Address (P.O. Box Number is Not Acceptable)		
2610 FAIRFAX ST.				}	83		· · · · · · · · · · · · · · · · · · ·
JACKSONVILLE FL 32209				i	83		· · · · · · · · · · · · · · · · · · ·
				İ	84	City	85 Zip Code
	<u> </u>						L]
	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga						oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	altit bas to	if applicable. (NOTE:	Registered	Agen	t signature require	d when reinstating) DATE
12.	OFFICERS AN			13.	-		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р		☐ DELETE	1,1 111	LE		Change Addition
	HILL, STAN W.			1.2 NA	ME		
NAME	8483 STABLES ROAD			1.3 STREET ADDRESS		,	
STREET ADDRESS	LACKOONBILLE EL			1.4 CIT		T-ZIP	
CITY-ST-ZIP	ST		☐ DELETE	2.1 111			☐ Change ☐ Additio
TITLE	WADSWORTH, T. H.			2.2 NAME			
NAME	WADOWORTH, 1. 11.					ADDRESS	
STREET ADDRESS	SSS 3500 S. OCEAN SHORE BLVD. #107 FLGLER BEACH FL			1	2.4 CITY-ST-ZIP		
CITY-ST-ZIP			[]] DELETE	3.1 TI			Change Additio
TITLE	VP			3.2 NA			
NAME	WALKER, J.C.			1		T ADDRESS	A Company of the Comp
STREET ADDRESS	364 RIVER EDGE ROAD			3.4. C		1	
CITY-ST-ZIP	JUPITER FL		DELETE	4.1 TI		5)-ZIP	Change
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NAME						TADDRESS	
STREET ADDRESS						T ADDRESS	
CITY-ST-ZIP			Decrete	_		IT-ZIP	☐ Change ☐ Additio
TITLE			☐ DELETE	5.1 TI 5.2 N			
NAME						TADDRESS	
STREET ADDRESS				5.3 8	nce	T TIP	

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 on on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change

☐ Addition