2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am **DOCUMENT # H40730 Secretary of State** H & W LUMBER, INC. 01-19-2000 90302 024 ***150.00 Principal Place of Business Mailing Address 2610 FAIRFAX STREET P. O. BOX 41604 P. O. BOX 41604 P. O. BOX 41604 JACKSONVILLE FL 32203-1604 JACKSONVILLE FL 32203-1604 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2496264 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HILL, STAN W. Street Address (P.O. Box Number is Not Acceptable) 2610 FAIRFAX ST. JACKSONVILLE FL 32209 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE □ Delete TITLE NAME HILL, STAN W. NAME secretary & President 8483 STABLES ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Addition TITLE Delete WADSWORTH, T. H. NAME Decease STREET ADDRESS STREET ADDRESS 3500 S. OCEAN SHORE BLVD. #107 CITY-ST-7IP CITY-ST-ZIP FLGLER BEACH FL ☐ Addition ☐ Delete TITLE WALKER, J.C. NAME NAME STREET ADDRESS 364 RIVER EDGE ROAD STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP JUPITER FL Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Change ☐ Addition TIT! F ☐ Delete

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000

904-358-2507

Daytime Phone #