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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H46540 (1)

1. Corporation Name
PALM BEACH LUMBER & EXPORT COMPANY



Principal Place of Business
3685 INTERSTATE PKWY
BAY #6
RIVIERA BEACH FL 33404
US

Mailing Address
3685 INTERSTATE PKWY
BAY #6
RIVIERA BEACH FL 33404
US

3. Date Incorporated or Qualified
03/08/1985

3a. Date of Last Report
03/25/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
59-2507643

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

H.P. COLLINS, JR
3909 LOUIS DR
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

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

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 of record 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 *H.P. Collins Jr* H.P. Collins Jr 1-22-97
Signature, typed or printed name of registered agent and line if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	COLLINS, MARY R.	
STREET ADDRESS	3909 LOUIS DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	P	DELETE
NAME	COLLINS, H P JR	
STREET ADDRESS	3909 LOUIS DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	ST	DELETE
NAME	BOWMAN, SHARON G.	
STREET ADDRESS	12563 189TH CT, N	
CITY-ST-ZIP	JUPITER FL	
TITLE	V	DELETE
NAME	JONES, ROBERT P. JR	
STREET ADDRESS	142 SW 13TH AVE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	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 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, or on an attachment with an address.

SIGNATURE: *Sharon Bowman* Sharon Bowman 1-22-97 561 8426220
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)