

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

FILED

Jan 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
3695 INTERSTATE PKWY  
BAY #6  
RIVIERA BEACH FL 33404  
US

Mailing Address  
3695 INTERSTATE PKWY  
BAY #6  
RIVIERA BEACH FL 33404  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1985

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

H.P. COLLINS, JR

3909 LOUIS DR  
LAKE WORTH FL 33461

7381 150th PL NO  
Palm Beach Gardens, FL  
33418

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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, 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)

1-16-98

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

7381 150th PL NO  
Palm Beach Gardens, FL 33418

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

7381 150th PL NO  
Palm Beach Gardens, FL 33418

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 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 an attachment with an address.

SIGNATURE:

NATURAL REQUIRED

1-16-98

561 842-6220

CR2E034 (10/97)