**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 FEB 24 PM 4:17

DOCUMENT # **H69343** **(2)**

1. Corporation Name
**PRIME FOREST PRODUCTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2800 E. HIGHWAY 146<br>P.O. BOX 68<br>LAGRANGE KY 40031 | 2800 E. HIGHWAY 146<br>P.O. BOX 68<br>LAGRANGE KY 40031 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1985
3a. Date of Last Report: 06/07/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2561438 ☐ 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

MENTWIG, RONALD W.
1300 W. INDUSTRIAL AVE.
BLDG. A. BAYS 105-107
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

01 Name: NENTWIG, RONALD W.
02 Street Address (P.O. Box Number is Not Acceptable): 1300 W INDUSTRIAL AVE.
03: BLDG A, BAYS 105-107
04 City: BOYNTON BEACH FL 05 Zip Code: 33426

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 the date signed) (If new Registered Agent) (Signature required also on reverse)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | SD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | GUDMUNDSSON, JON S. (JR) | 12 NAME | |
| STREET ADDRESS | 10518 BUCKEYE TRACE | 13 STREET ADDRESS | |
| CITY ST ZIP | GOSHEN KY | 14 CITY ST ZIP | |
| TITLE | VD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | NENTWIG, RONALD | 22 NAME | |
| STREET ADDRESS | 7601 S.W. 144TH TERR. | 23 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 24 CITY ST ZIP | |
| TITLE | PD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | GUDMUNDSSON, ORN | 32 NAME | |
| STREET ADDRESS | 117 TRIBAL ROAD | 33 STREET ADDRESS | |
| CITY ST ZIP | LOUISVILLE KY | 34 CITY ST ZIP | |
| TITLE | TD | 41 TITLE | TD XX Change ☐ Addition |
| NAME | GIRARDI, TIMOTHY | 42 NAME | Girardi, Timothy |
| STREET ADDRESS | 5085 CANAL DR. | 43 STREET ADDRESS | 8010 Shadowcreek Rd. |
| CITY ST ZIP | LAKE WORTH FL | 44 CITY ST ZIP | Crestwood, KY 40014 |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 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 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 above, or on an attachment with an address.

SIGNATURE: [signature] 1/24/95 SOL 1221441
(TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)

0487854 FN