

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

FILED

Mar 17 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H69343

(2)

1. Corporation Name

PRIME FOREST PRODUCTS, INC.

Principal Place of Business

2600 E. HIGHWAY 146
P.O. BOX 68
LAGRANGE KY 40031

Mailing Address

2600 E. HIGHWAY 146
P.O. BOX 68
LAGRANGE KY 40031-0068

3. Date Incorporated or Qualified

08/01/1985

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2561438

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 33428

10. Name and Address of New Registered Agent

81 Name

MENTWIG, RONALD W.

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, 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 filed if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GUDMUNDSSON, JON S. (JR)	
STREET ADDRESS	10518 BUCKEYE TRACE	
CITY - ST - ZIP	GOSHEN KY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NENTWIG, RONALD	
STREET ADDRESS	7601 S.W. 144TH TERR.	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUDMUNDSSON, ORN	
STREET ADDRESS	114 TRIBAL ROAD	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GIRARDI, TIMOTHY	
STREET ADDRESS	8010 SHADOWCREEK RD	
CITY - ST - ZIP	CESTWOOD KY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	CRESTWOOD, KY
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-97

502-222-1441

Date

Daytime Phone #

CR2E034 (9/96)