

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90212 020 ***300.00

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DOCUMENT # H69343

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1985

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME GUDMUNDSSON, JON S. (JR)
STREET ADDRESS 10518 BUCKEYE TRACE
CITY-ST-ZIP GOSHEN KY

TITLE VD ☐ DELETE

NAME NENTWIG, RONALD
STREET ADDRESS 7601 S.W. 144TH TERR.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME GUDMUNDSSON, ORN
STREET ADDRESS 114 TRIBAL ROAD
CITY-ST-ZIP LOUISVILLE KY

TITLE TD ☐ DELETE

NAME GIRARDI, TIMOTHY
STREET ADDRESS 8010 SHADOWCREEK RD
CITY-ST-ZIP CRESTWOOD KY

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 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 an officer or director, on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
GUDMUNDSSON, JON S. (JR)

4/19/99 502 222 1441
Date Daytime Phone #

CR2E034 (1/98)