

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

FILED
Mar 24 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 # H90917 (6)

1. Corporation Name
LUMBER MARKETING TECHNOLOGY, INC.



Principal Place of Business
950 GRAND CANAL STREET
C/O JAMES L. CHASE, BOX 576
GULF BREEZE FL 32561-3053

Mailing Address
950 GRAND CANAL STREET
C/O JAMES L. CHASE, BOX 576
GULF BREEZE FL 32561-3053

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 12/19/1985 | 3a. Date of Last Report 03/22/1996 |
| 4. FEI Number 59-2627006 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|-------------------------|-------------------------|
| 21. State, Apt. #, etc. | 26. State, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip Country | 28. Zip Country |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent
CHASE, JAMES L.
101 E GOVERNMENT ST.
PENSACOLA FL 32501

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

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 and further with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| 1. TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | CORUM, DEANNE | 1.2 NAME | CORUM, DEANNA |
| 3. STREET ADDRESS | 950 GRAND CANAL | 1.3 STREET ADDRESS | 1 SEASHORE DR. |
| 4. CITY - ST - ZIP | GULF BREEZE FL | 1.4 CITY - ST - ZIP | PENSACOLA BEACH, FL 32561 |
| 5. TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | | 2.2 NAME | |
| 7. STREET ADDRESS | | 2.3 STREET ADDRESS | |
| 8. CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| 9. TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | | 3.2 NAME | |
| 11. STREET ADDRESS | | 3.3 STREET ADDRESS | |
| 12. CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| 13. TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | | 4.2 NAME | |
| 15. STREET ADDRESS | | 4.3 STREET ADDRESS | |
| 16. CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| 17. TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | | 5.2 NAME | |
| 19. STREET ADDRESS | | 5.3 STREET ADDRESS | |
| 20. CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| 21. TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | | 6.2 NAME | |
| 23. STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 24. CITY - ST - ZIP | | 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: DEANNA CORUM *D. Corum*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97 904-932-7476

CR2E034 (9/96)