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 APR 13 PM 12:28

DOCUMENT # **J03977** **(2)**

1. Corporation Name
J. M. LUMBER INCORPORATED

Principal Place of Business	Mailing Address
460 N.W. ENTERPRISE DRIVE PORT ST LUCIE FL 34986-9201	460 N.W. ENTERPRISE DRIVE PORT ST LUCIE FL 34986-9201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/13/1986	04/21/1994

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

4. FEI Number **59-2648719** ☐ 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

NAVARETTA, STEPHEN ESQ.
8000 SOUTH FEDERAL HIGHWAY, STE 302
PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 1100 SW St. Lucie West Blvd, Suite 203

83

84 City Port St. Lucie **FL** 85 Zip Code 34986

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	C	☒ Change ☐ Addition
NAME	MONROE, JACK L.	12 NAME		
STREET ADDRESS	1950 SE FLORESTA DR.	13 STREET ADDRESS		
CITY ST ZIP	PORT ST LUCIE FL 34983	14 CITY ST ZIP		
TITLE	ST	21 TITLE	RST	☒ Change ☐ Addition
NAME	MONROE, PHYLLIS A.	22 NAME	Phyllis Monroe	
STREET ADDRESS	1950 SE FLORESTA DR.	23 STREET ADDRESS		
CITY ST ZIP	PORT ST LUCIE FL 34983	24 CITY ST ZIP		
TITLE	VD	31 TITLE	V	☒ Change ☐ Addition
NAME	MONROE, CARL PRESTON	32 NAME		
STREET ADDRESS	541 KARRINGTON	33 STREET ADDRESS	121 SE FALLON DRIVE	
CITY ST ZIP	PORT ST LUCIE FL	34 CITY ST ZIP	PORT St. Lucie, Fla. 34983	
TITLE	VD	41 TITLE	V	☒ Change ☐ Addition
NAME	MONROE, JACK L. JR.	42 NAME		
STREET ADDRESS	290 SE WALLACE TERRACE	43 STREET ADDRESS		
CITY ST ZIP	PORT ST LUCIE FL 34983	44 CITY ST ZIP		
TITLE	~~VD~~	51 TITLE		☒ Change ☐ Addition
NAME	~~MONROE, KIMBERLY~~	52 NAME		
STREET ADDRESS	~~260 LOBARRE DR. #218~~	53 STREET ADDRESS	omit	
CITY ST ZIP	~~ALTAMONTE SPRGS FL~~	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)(k), 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: Carl M Monroe CARL MONROE 4-10-95 407-879-3590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0383996 CP