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 AM 11:26

DOCUMENT # K00260 (5)

1. Corporation Name
STOTTLEMYER AND SHOEMAKER LUMBER COMPANY

Principal Place of Business	Mailing Address
C/O PAUL A D'ALESIO 2211 FRUITVILLE ROAD SARASOTA FL 34237-6116	C/O PAUL A D'ALESIO 2211 FRUITVILLE ROAD SARASOTA FL 34237-6116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1987
3a. Date of Last Report: 05/11/1994

2. Principal Place of Business
21: c/o William Heiler
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: c/o William Heiler
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 52-1542528 ☐ 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

~~D'ALESIO, PAUL A.~~
2211 FRUITVILLE ROAD.
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name: William Heiler
82 Street Address (P.O. Box Number is Not Acceptable): 2211 Fruitville Rd.
83:
84 City: Sarasota, 85 FL Zip Code: 34237

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: William Heiler — William Heiler, Controller — 2/13/95
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	D	11 TITLE	☒ Change ☐ Addition
NAME	~~REYNOLDS, RICHARD T.~~	12 NAME	John G. R. Perry
STREET ADDRESS	2211 FRUITVILLE RD.	13 STREET ADDRESS	
CITY-ST-ZIP	SARASTO FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BELL, GREGORY A	22 NAME	
STREET ADDRESS	2211 FRUITVILLE RD	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ROGERS, DAVID	32 NAME	
STREET ADDRESS	2211 FRUITVILLE RD	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	34 CITY ST ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	D'ALESIO, PAUL A.	42 NAME	
STREET ADDRESS	2211 FRUITVILLE RD.	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	Harry R. Fedden
STREET ADDRESS		53 STREET ADDRESS	2211 Fruitville Rd.
CITY-ST-ZIP		54 CITY ST ZIP	Sarasota, Fl 34237
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 if changed, or on an attachment with an address.

SIGNATURE: Paul A. D'Alesio — Paul A. D'Alesio — 2/13/95 (813) 366-8108
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Secretary/Treasurer — Date — Telephone #

0042847 CP