

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:46

DOCUMENT # K00342

(1)

1. Corporation Name

FOREST PRODUCTS SUPPLY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
% JOSEPH R. LOUREY, JR.
5530 PINKNEY AVENUE
SARASOTA FL 34233

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

3. Date Incorporated or Qualified 11/03/1987 3a. Date of Last Report 01/26/1994
4. FBI Number 59-1498180 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 LOUREY, JOSEPH R. JR.
5530 PINKNEY AVENUE
SARASOTA FL 34233
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME HINMAN, HENRY J JR
STREET ADDRESS 4126 WILLOW LEEF DR.
CITY-ST-ZIP SARASOTA FL
TITLE VD
NAME HINMAN, DAVID W
STREET ADDRESS S GATOR CREEK BLVD
CITY-ST-ZIP SARASOTA FL
TITLE ST
NAME LOUREY, JOSEPH R
STREET ADDRESS 2905 RIVIERA DR
CITY-ST-ZIP SARASOTA FL
TITLE D
NAME HINMAN, ELLEN G
STREET ADDRESS 5126 WILLOW LEEF DRIVE
CITY-ST-ZIP SARASOTA FL
TITLE D
NAME HINMAN, LYNETTE J
STREET ADDRESS S GATOR CREEK BLVD
CITY-ST-ZIP SARASOTA FL
TITLE
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Joe R. Lourey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/94 813-722-0731
Date Filed Office Phone #