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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K00342 (1)

1. Corporation Name

FOREST PRODUCTS SUPPLY, INC.



Principal Place of Business

% JOSEPH R. LOUREY, JR.
5530 PINKNEY AVENUE
SARASOTA FL 34233

Mailing Address

% JOSEPH R. LOUREY, JR.
5530 PINKNEY AVENUE
SARASOTA FL 34233

3. Date Incorporated or Qualified

11/03/1987

3a. Date of Last Report

01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOUREY, JOSEPH R. JR.
5330 PINKNEY AVENUE
SARASOTA FL 34233

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 of applicant

Signature of Registered Agent (signature required when changing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME
HINMAN, HENRY J JR
STREET ADDRESS
4126 WILLOW LEEF DR.
CITY-ST-ZIP
SARASOTA FL

1.2 NAME
HINMAN, HENRY J., III
1.3 STREET ADDRESS
4022 HIDDEN RIVER LN.
1.4 CITY-ST-ZIP
SARASOTA, FL

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
HINMAN, DAVID W
STREET ADDRESS
S GATOR CREEK BLVD
CITY-ST-ZIP
SARASOTA FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
LOUREY, JOSEPH R
STREET ADDRESS
2905 RIVERA DR
CITY-ST-ZIP
SARASOTA FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
HINMAN, ELLEN G
STREET ADDRESS
5126 WILLOW LEEF DRIVE
CITY-ST-ZIP
SARASOTA FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
HINMAN, LYNETTE J
STREET ADDRESS
S GATOR CREEK BLVD
CITY-ST-ZIP
SARASOTA FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe R. Lourey Treasurer

3/19/96

941-922-0731

CR2E034 (12/95)