## FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Mar 12, 1999 8:00 am**
**Secretary of State**
03-12-1999 90035 021 ***300.00

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**DOCUMENT # K00342**

**1. Corporation Name**

**FOREST PRODUCTS SUPPLY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % JOSEPH R. LOUREY. JR.<br>5530 PINKNEY AVENUE<br>SARASOTA FL 34233 | % JOSEPH R. LOUREY. JR.<br>5530 PINKNEY AVENUE<br>SARASOTA FL 34233 |

**DO NOT WRITE IN THIS SPACE**

**3. Date Incorporated or Qualifed**
**11/03/1987**

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
|---|---|---|---|
| 21 | 26 | 59-1498180 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certifcate of Status Desired ☐ | $8.75 Additional Fee Required |
| 22 | 27 | | |
| City & State | City & State | 6. Election Campaign Financing<br>Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 23 | 28 | | |
| Zip — Country | Zip — Country | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No | |
| 24 — 25 | 29 — 30 | | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent | |
|---|---|---|
| LOUREY, JOSEPH R. JR.<br>5330 PINKNEY AVENUE<br>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 _____  DATE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

CR2E034 (11/98)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | HINMAN, HENRY J JR | | 1.2 NAME | |
| STREET ADDRESS | 4126 WILLOW LEEF DR. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | | 1.4 CITY-ST-ZIP | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | HINMAN, HENRY J. III | | 2.2 NAME | |
| STREET ADDRESS | 4022 HIDDEN RIVER LANE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | | 2.4 CITY-ST-ZIP | |
| TITLE | ST | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | LOUREY, JOSEPH R | | 3.2 NAME | |
| STREET ADDRESS | 2905 RIVIERA DR | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | | 3.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | HINMAN, ELLEN G | | 4.2 NAME | |
| STREET ADDRESS | 5126 WILLOW LEEF DRIVE | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | | 4.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 5.1 TITLE ✓ | ☒ Change ☐ Addition |
| NAME | HINMAN, JEREMY | | 5.2 NAME | |
| STREET ADDRESS | 5650 COUNTRY WALK LANE | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

**SIGNATURE:** _Jack Lourey, Pres_   1/5/99   941-922-0731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #