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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

1095 TORREN PT.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

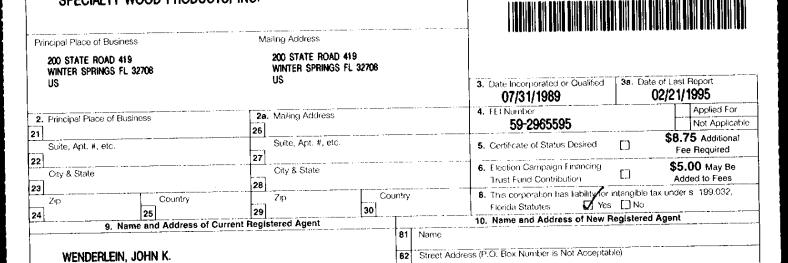
TITLE

NAME

**DOCUMENT #** Corporation Name

(6)

SPECIALTY WOOD PRODUCTS. INC.



83 GEVEVA FL 32732 City 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.

DATE SIGNATURE CR2E034 (12/95) Signature, typed or printed name of registered agent and tituil acolinable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change Addit-on DELETE 1 1 TITLE TITLE JOYCE, JEFF NAME 1.3 STREET ADDRESS 870 RIDGE RD. STREET ADDRESS GENEVA FL 32732 1.4 CITY - \$1 - ZIP CITY ST-7IP Addit on Change [] DELFTE 2 1 ∏;€ 1011 2.2 NAME WENDERLEIN, JOHN NAME 2.3 STREET ADDRESS 1095 TORREN PT. STREET ADDRESS GENEVA FL 32732 2.4 CITY ST: ZiP CITY-S1-ZIP ☐ Addition [ ] Change DELETE 3 1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-SF-7/P CITY-ST-ZIP ☐ Change Addition DELETE 4.1 DILE THILE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 (a1Y - S1 - ZiP CITY-ST-ZIP ☐ Addition Change 5.1 TULE DELETE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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 (33) changed, or on an attachment with an address. 64 C:TY - ST - ZIF

DELETE

5.4 C-TY - ST - Z-P

6.3 STREET ADDRESS

6 1 THEF

6.2 NAME

3/27/96

Change

Addition

Zip Code