

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L06275 (6)
 1. Corporation Name
SPECIALTY WOOD PRODUCTS, INC.

Principal Place of Business 200 STATE ROAD 419 WINTER SPRINGS FL 32708 US	Mailing Address 200 STATE ROAD 419 WINTER SPRINGS FL 32708-2649 US
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3. Date Incorporated or Qualified 07/31/1989	3a. Date of Last Report 04/02/1996
4. FEI Number 59-2965595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 P.O. Box 1394 Suite, Apt. #, etc. 22 N/A City & State 23 Geneva, FL Zip 24 32732 Country 25 USA	2a. Mailing Address 26 P.O. Box 1394 Suite, Apt. #, etc. 27 N/A City & State 28 Geneva, FL Zip 29 32732 Country 30 USA
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9. Name and Address of Current Registered Agent
WENDERLEIN, JOHN K.
1085 TORREN PT.
GENEVA FL 32732

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V JOYCE, JEFF <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	870 RIDGE RD.	1.2 NAME	
STREET ADDRESS	GENEVA FL 32732	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDERLEIN, JOHN	2.2 NAME	Wenderlein, John
STREET ADDRESS	1085 TORREN PT.	2.3 STREET ADDRESS	P.O. Box 1394 N/A
CITY - ST - ZIP	GENEVA FL 32732	2.4 CITY - ST - ZIP	GENEVA, FL 32732
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wenderlein, Melinda	3.2 NAME	Wenderlein, Melinda
STREET ADDRESS	P.O. Box 1394, N/A	3.3 STREET ADDRESS	P.O. Box 1394, N/A
CITY - ST - ZIP	Geneva, FL 32732	3.4 CITY - ST - ZIP	Geneva, FL 32732
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: **John K. Wenderlein** **WENDERLEIN** **JOHN K.** **WENDERLEIN** **4/28/97** **(407) 327-7258**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)