

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

DOCUMENT # L41800

1. Corporation Name

LAKE SHORE CUSTOM WOOD PRODUCTS, INC.

Principal Place of Business

5210 E. SHADOWLAWN AVE.
TAMPA, FLORIDA 33610

Mailing Address

5210 E. SHADOWLAWN AVE.
TAMPA, FLORIDA 33610

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

OLESON, ALTON
5210 E. SHADOWLAWN AVE.
TAMPA, FL 33610

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 the applicable

(note: Registered Agent signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement to annual report is true and accurate. I, the undersigned, shall have to sign and deposit office copy of this statement under oath. 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alton F. Oleson PRES.

3/4/99

813-4232790

FILED

99 MAR -8 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number

59-2980366

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 owes the current year Intangible
Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)