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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L62578 1. Corporation Name

J.B.'S WOOD PRODUCTS, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90229 033 ***150.00



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Principal Place	of Business	Ma	ailing Address				i idkildii ein oliid	11 64 ; 81111 8881	Iğır Bibil bib	II 9 4811 61611 6	(81) 61611 1661	1
4939 125 AVE. S		473	4739 125 AVE. S.									
LAKE WORTH FL 33467		L I Al	L Lake Worth FL 33467				DO NOT WRITE IN THIS SPACE					
US			US				3. Date Incorporated	3. Date Incorporated or Qualifed				
							03/29/1990					
2. Principal Pl	lace of Business	2a.	. Mailing Address	3			4. FEI Number			Ap	plied For	
21		26	26				65-0241270		_		t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5	5. Certifcate of Status	Desired	□.	\$8.75 A	vdditional guired —	
22		27	City 9 State				a Shadia Occasion			\$5.00	<u>.</u>	
City & State			City & State				6. Election Campaign Trust Fund Contrib	- 1		Added t		
Zip Country			Zip Country						t vear Inta	naible		
24	Zip Country		29 30				8. This corporation owes the current year Intangible Personal Property Tax. Yes □No					
	9. Name and Addre		stered Agent	[4-]			10. Name and Addres	s of New Re	gistered A	gent		
					81	Name						
	NDT, JERRY	•			82	Street Ad	dress (P.O. Box Number is	Not Acceptabl	e)		_	
	125 AVE. S.										_	
LAKE	E WORTH FL 33467				83							
	•				84	City			FL	85 Zip (Code	
	to the conditions of Case	1000 607 0502 and 6	207 1509 Florida	Statutes the	above	-named co	proporation submits this stater	nent for the pu	imose of c	l l hanging its	registered	
l foffice or n	egistered agent, or both	, in the State of Florid	da. Such change	was authorize	ea by t	he corpora	ation's board of directors. I h	ereby accept	he appoin	ment as re	gistered	
agent. I a	m familiar with, and acco	ept the obligations of	f, Section 607.050	us, Flonda Sta	atutes.							
_												
SIGNATURE	Signature typed or printed name	of registered agent and title	if applicable.			signature requ	uired when reinstating)		DATE			í á
SIGNATURE	Signature, typed or printed name	of registered agent and title			ed Agent	signature requ	uired when reinstating) ADDITIONS/CHANG	SES TO OFFI				1/98)
				(NOTE: Registere	ed Agent	signature requ		SES TO OFFI		DIRECTO	RS IN 12	(11/98)
12.	0		ECTORS	(NOTE: Registere 13	ed Agent	signature requ		SES TO OFFI				Σ
12.	D	FFICERS AND DIRE	ECTORS	(NOTE: Registere 1.1	ed Agent 3. TITLE NAME	signature requ		GES TO OFFI				DE034 (11/98)
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14. 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: