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FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N12923 (1)**

1. Corporation Name

**SOUTH FLORIDA TRUSS AND COMPONENT MANUFACTURERS
ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% GULF STREAM LUMBER COMPANY
1415 S. FEDERAL HIGHWAY
BOYNTON BEACH FL 33435% GULF STREAM LUMBER COMPANY
1415 S. FEDERAL HIGHWAY
BOYNTON BEACH FL 33435-60033. Date Incorporated or Qualified
01/09/19863a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

98 Azalea Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Boynton Beach, FL

Zip

Country

Zip

Country

24

29

33436**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWSON, JOE
% GULF STREAM LUMBER COMPANY
1415 S. FEDERAL HIGHWAY
BOYNTON BEACH FL 33435

81

Name **(Same) Joe Lawson**

82

Street Address (P.O. Box Number is Not Acceptable)

83

98 Azalea Circle

84

City **Boynton Beach FL**

85

Zip Code **33436**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Joe Lawson 4/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETENAME **CRUZE, KIRK**
STREET ADDRESS **HALF MILE LAMBER, 9500 W ATLANTIC AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL**TITLE **VP** ☐ DELETENAME **BUDDE, RON**
STREET ADDRESS **A-1 ROOF TRUSTEE, 199 PIKE ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL**TITLE **D** ☐ DELETENAME **RUEDE, MIKE**
STREET ADDRESS **A1 ROOF TRUSSES, 199 PIKE ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL**TITLE **T** ☐ DELETENAME **LAWSON, JOE**
STREET ADDRESS **1415 S. FEDERAL HWY.**
CITY-ST-ZIP **BOYNTON BEACH FL 33411**TITLE **D** ☐ DELETENAME **NICHOLAS, PERRY**
STREET ADDRESS **STRUCTURAL CONNECTIONS, 1799 DESOTO RD**
CITY-ST-ZIP **SARASOTA FL**TITLE **D** ☐ DELETENAME **LEASOR, JOHN**
STREET ADDRESS **SCOSTA CORP., 407 COMMERCE WAY**
CITY-ST-ZIP **JUPITER FL 33458**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition**Half mile Lumber**☒ Change ☐ Addition**A-1 Roof Trusses**☐ Change ☐ Addition☒ Change ☐ Addition**LAWSON, JOE**
98 Azalea Circle
Boynton Beach, FL 33436☐ Change ☐ Addition☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Lawson

Date

Daytime Phone # **0042314****4/24/97 (561) 734-5208**

CR2E037 (9/96)