

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

FILED

Apr 28 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14094

(7)

1. Corporation Name

BANKS LUMBER CO., INC.

Principal Place of Business

105 OLD DIXIE HWY.
PO BOX 2009
AUBURNDALE FL 33823

Mailing Address

105 OLD DIXIE HWY.
PO BOX 2009
AUBURNDALE FL 33823-5009

3. Date Incorporated or Qualified

04/17/1987

3a. Date of Last Report

02/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

35-0994133

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CY CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETENAME BANKS, GLEN
STREET ADDRESS 54693 CR 17 S.
CITY - ST - ZIP ELKHART INTITLE CD ☐ DELETENAME BANKS, WILLIAM
STREET ADDRESS 54693 CR 17 S.
CITY - ST - ZIP ELKHART INTITLE STD ☐ DELETENAME BANKS, JOHN
STREET ADDRESS 54693 CR 17 S.
CITY - ST - ZIP ELKHART INTITLE PD ☒ DELETENAME BROWN, STEPHEN
STREET ADDRESS 54693 CR 17 S
CITY - ST - ZIP ELKHART INTITLE VD ☐ DELETENAME WYNNE, CHRISTOPHER
STREET ADDRESS 54693 CR 17 S
CITY - ST - ZIP ELKHART INTITLE VD ☒ DELETENAME VEURINK, WILLIAM R.
STREET ADDRESS 54693 CR 17 S.
CITY - ST - ZIP ELKHART IN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition1.2 NAME Hughes, John
1.3 STREET ADDRESS 54693 C.R. 17 South
1.4 CITY - ST - ZIP Elkhart, IN 465162.1 TITLE ☐ Change ☒ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP Elkhart, IN 465163.1 TITLE ☐ Change ☒ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP Elkhart, IN 465164.1 TITLE Director ☐ Change ☒ Addition4.2 NAME Brown, Stephen
4.3 STREET ADDRESS 54693 C.R. 17 South
4.4 CITY - ST - ZIP Elkhart, IN 465165.1 TITLE ☐ Change ☒ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP Elkhart, IN 465166.1 TITLE Director ☐ Change ☒ Addition6.2 NAME Veurink, William R.
6.3 STREET ADDRESS 54693 C.R. 17 South
6.4 CITY - ST - ZIP Elkhart, IN 46516

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:

Signature and Typed or Printed Name of Signing Officer or Director

4-15-97

(219)294-5671

Date

Daytime Phone #

CR2E034 (9/96)