

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/17/1987	
4. FEI Number 35-0994133		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent CT 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	
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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 in printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUGHES, JOHN			1.2 NAME			
STREET ADDRESS	54693 C.R. 17 SOUTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	ELKHART IN			1.4 CITY-ST-ZIP	Elkhart, IN 46516		
TITLE	CD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BANKS, WILLIAM			2.2 NAME			
STREET ADDRESS	54693 CR 17 S.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ELKHART IN			2.4 CITY-ST-ZIP	Elkhart, IN 46516		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BANKS, JOHN			3.2 NAME			
STREET ADDRESS	54693 CR 17 S.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ELKHART IN			3.4 CITY-ST-ZIP	Elkhart, IN 46516		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, STEPHEN			4.2 NAME			
STREET ADDRESS	54693 CR 17 S			4.3 STREET ADDRESS			
CITY-ST-ZIP	ELKHART IN			4.4 CITY-ST-ZIP	Elkhart, IN 46516		
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WYNNE, CHRISTOPHER			5.2 NAME			
STREET ADDRESS	54693 CR 17 S			5.3 STREET ADDRESS			
CITY-ST-ZIP	ELKHART IN			5.4 CITY-ST-ZIP	Elkhart, IN 46516		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VEURINK, WILLIAM R			6.2 NAME			
STREET ADDRESS	54693 CR 17 S.			6.3 STREET ADDRESS			
CITY-ST-ZIP	ELKHART IN			6.4 CITY-ST-ZIP			

14. I 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: *Christopher Wynne* V.P. 4-28-98 (219)294-5671

CR2E034 (10/97)