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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P20983** **(3)**

1. Corporation Name
EMPIRE WHOLESALE LUMBER CO.

Principal Place of Business	Mailing Address
2803 W. BUSCH BLVD. SUITE 104 TAMPA FL 33618	P.O. BOX 249 AKRON OH 44309-0249 US

3. Date Incorporated or Qualified: **09/21/1988**
3a. Date of Last Report: **01/25/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **34-0702423** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PATNEAUDE, MICHAEL R
2803 WEST BUSCH BLVD
SUITE 104
TAMPA FL 33618

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRAVES, J. HARVEY		1.2 NAME		
STREET ADDRESS	525 ST. ANDREWS DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	GRAVES, PATRICIA L.		2.2 NAME	GRAVES, PATRICIA L.	
STREET ADDRESS	525 ST. ANDREWS DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	CARROLL, PETER A.		3.2 NAME	CARROLL, PETER A.	
STREET ADDRESS	2986 HARRIETT RD.		3.3 STREET ADDRESS	313 TIMBER RIDGE	
CITY-ST-ZIP	CUYAHOGA FALLS OH		3.4 CITY-ST-ZIP	CUYAHOGA FALLS, OH 44223-1278	
TITLE	D	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	GRAVES, JOHN H., JR.		4.2 NAME	GRAVES, JOHN H., JR.	
STREET ADDRESS	525 ST. ANDREWS DR.		4.3 STREET ADDRESS	1346 VILLAGE DR.	
CITY-ST-ZIP	AKRON OH		4.4 CITY-ST-ZIP	AKRON, OH 44313-5929	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GRAVES, MARY ANN		5.2 NAME	GRAVES, MARY ANN	
STREET ADDRESS	525 ST. ANDREWS DR.		5.3 STREET ADDRESS	6716 HURSEY ST.	
CITY-ST-ZIP	AKRON OH		5.4 CITY-ST-ZIP	DALLAS, TX 75205-1346	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	HAWK, DIANNE L.		6.2 NAME	HAWK, DIANNE GRAVES	
STREET ADDRESS	3720 HARVARD AVE.		6.3 STREET ADDRESS	3404 SHENANDOAH ST.	
CITY-ST-ZIP	DALLAS TX		6.4 CITY-ST-ZIP	DALLAS, TX 75205-2220	

CR2E034 (9/96)

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: J. Harvey Graves **J. HARVEY GRAVES** **1/7/97** **(330) 434-4545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #