

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 25 1996 8:00am
Secretary of State

DOCUMENT # P20983 (3)

1. Corporation Name

EMPIRE WHOLESALE LUMBER CO.

Principal Place of Business

2803 W. BUSCH BLVD.
SUITE 104
TAMPA FL 33618

Mailing Address

P.O. BOX 249
AKRON OH 44309-0249
US

3. Date Incorporated or Qualified
09/21/1988

3a. Date of Last Report
02/06/1995

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GRAVES, J. HARVEY
STREET ADDRESS 525 ST. ANDREWS DR.
CITY-ST-ZIP AKRON OH

TITLE SD ☐ DELETE

NAME GRAVES, PATRICIA L.
STREET ADDRESS 525 ST. ANDREWS DR.
CITY-ST-ZIP AKRON OH

TITLE VD ☐ DELETE

NAME CARROLL, PETER A.
STREET ADDRESS 2986 HARRIETT RD.
CITY-ST-ZIP CUYAHOGA FALLS OH

TITLE D ☐ DELETE

NAME GRAVES, JOHN H., JR.
STREET ADDRESS 525 ST. ANDREWS DR.
CITY-ST-ZIP AKRON OH

TITLE D ☐ DELETE

NAME GRAVES, MARY ANN
STREET ADDRESS 525 ST. ANDREWS DR.
CITY-ST-ZIP AKRON OH

TITLE D ☐ DELETE

NAME HAWK, DIANNE L.
STREET ADDRESS 3720 HARVARD AVE.
CITY-ST-ZIP DALLAS TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96
Date

(216)434-4545
Daytime Phone #

CR2E034 (12/95)