

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Sep 02 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P27401 (9)**

1. Corporation Name  
**FURMAN LUMBER, INC.**



Principal Place of Business P.O. BOX 130 NUTTING LAKE MA 01865	Mailing Address P.O. BOX 130 NUTTING LAKE MA 01865
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/21/1989</b>		3a. Date of Last Report <b>01/30/1996</b>	
2. Principal Place of Business 21 <b>32 Manning Road</b> Suite, Apt. #, etc.		4. FEI Number <b>04-2210946</b>	
22 City & State <b>Billerica MA</b>		Applied For Not Applicable	
23 Zip <b>01821</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country <b>Middlesex</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		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 <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.                  1201 HAYS STREET                  SUITE 105                  TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code <b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VDI</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAY, GEORGE R.</b>	1.2 NAME	
STREET ADDRESS	<b>3 BRENTWOOD WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IPSWICH MA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONRAD, ERNEST E.</b>	2.2 NAME	
STREET ADDRESS	<b>91 DEAN RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTON MA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRONICK, BARRY L.</b>	3.2 NAME	
STREET ADDRESS	<b>233 RUTLEDGE ROAD</b>	3.3 STREET ADDRESS	<b>154 Bishop's Forest Drive</b>
CITY-ST-ZIP	<b>BELMONT MA</b>	3.4 CITY-ST-ZIP	<b>Waltham, MA 02154</b>
TITLE	<b>ASD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRENCH, JOHN B.</b>	4.2 NAME	
STREET ADDRESS	<b>135 WESTON ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LINCOLN MA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRIGHT, WILLARD, DR.</b>	5.2 NAME	
STREET ADDRESS	<b>134 PRESTWICK CIRCLE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VPAC</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOURNIER, TINA</b>	6.2 NAME	
STREET ADDRESS	<b>6 HARDWICK RD.</b>	6.3 STREET ADDRESS	<b>8 Emilio Lane</b>
CITY-ST-ZIP	<b>NATICK MA</b>	6.4 CITY-ST-ZIP	<b>Salem, NH 03079</b>

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: \_\_\_\_\_ DATE: **8/18/97** **508 670 3932**

CF2E034 (4/97)