

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90007 044 ***550.00

DOCUMENT # P27401

1. Corporation Name FURMAN LUMBER, INC.



Principal Place of Business 32 MANNING RD BILLERICA MA 01821 US Mailing Address P.O. BOX 130 NUTTING LAKE MA 01865

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/21/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		04-2210946	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
24	25	29	30	<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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	VDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, GEORGE R.	1.2 NAME	
STREET ADDRESS	3 BRENTWOOD WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	IPSWICH MA	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONRAD, ERNEST E.	2.2 NAME	
STREET ADDRESS	91 DEAN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON MA	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRONICK, BARRY L.	3.2 NAME	
STREET ADDRESS	154 BISHOPS FOREST DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA	3.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, JOHN B.	4.2 NAME	
STREET ADDRESS	135 WESTON ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN MA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHT, WILLARD, DR.	5.2 NAME	
STREET ADDRESS	134 PRESTWICK CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VPAC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOURNIER, TINA	6.2 NAME	
STREET ADDRESS	8 EMILEO LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM NH	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, with all other like empowered.

SIGNATURE: Tina M. Fournier Date: 5/5/99 Daytime Phone #: 978 670 3932
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Tina M. Fournier

CR2E034 (11/98)