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05-05-1999 90086 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000049572

1. Corporation Name
COUNTRY PINE WHOLESALE, INC.

Principal Place of Business: COUNTRY PINE WHOLESALE INC, 1240 E NEWPORT CENTER DR, DEERFIELD FL 33442, US
Mailing Address: COUNTRY PINE WHOLESALE INC, 1240 E NEWPORT CENTER DR, DEERFIELD FL 33442, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: 07/15/1993
4. FEI Number: 65-0423987
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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
MOLYNEUX, BERNARD
1240 E NEWPORT CENTER DR
DEERFIELD BCH. FL 33442

10. Name and Address of New Registered Agent (81-85)

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE: D
NAME: MOLYNEUX, BERNARD
STREET ADDRESS: 570 GOLDEN HARBOUR DRIVE
CITY-ST-ZIP: BOCA RATON FL 33432

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME: Molyneux, Bernard
1.3 STREET ADDRESS: 1203 Sandoway Lane
1.4 CITY-ST-ZIP: Delray Beach FL 33483

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: B. Molyneux DATE: 4/28/99 DAYTIME PHONE #: 954-481-1917

CR2E034 (1/98)