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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9400006434 (2) 1. Corporation Name DUTTON FOREST PRODUCTS, INC. Principal Place of Business Mailing Address 7001 CENTRAL AVE. ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710							
oi. Peier	108UNG FL 33/1U	ST. PETERSBURG FL US	33710		3, Date Incorporated or Qualified 01/26/1994	3a. Date of Las 01/20/	
2. Principal	Principal Place of Business 2a. Mailing Address				4. FEI Number	0 1/20/	Applied For
21	·				E0 0000004		Not Applicable
Suite, Ap	it. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required
City & Sta	ate	Orty & State	Crty & State		6. Election Campaign Financing	\$5	.00 May Be
2 3] Zip	Country	28 Zip	Countr		Trust Fund Contribution	_ LAc	ded to Fees
24	25	29	30		8. This corporation has liability or intangible tax under s 199.032, Florida Statutes ✓ Yes □ No		
	g. Name and Address of Curi	ent Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New R		
ALLEN, DONALD 7001 CENTRAL AVE.			8	1 Name	Address (P.O. Box Number is Not Acceptable)		
			8:	2 Street Add			
	TERSBURG FL 33710		83	3			
			84	4 City		 85	Zip Code
11 Pureuso	of to the provisions of Sections 607.06	00 pod 607 1500 Florido Clar		<u> </u>	ration submits this statement for the purp		•
SIGNATURE.	Styruture its end or protect name of registrated as and alle if any ficialitie NOT OFFICE HIS AND DIRECTORS			Rugisterial Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			TORS IN 12
THUE NAME	ALLEN, DONALD	☐ DELETE	1 1 TITLE			☐ Chan	ge 🔲 Addition
STREET ADDRESS	TOOL OCUTOAL ALL		1.2 NAME	T ADDRESS			
CHY-ST ZIP	ST. PETERSBURG FL		1 4 DITY-	1			
IPLE NAME	DVS SASS, ROBERT	DELETE	2 1 TITLE			Chang	ge Addition
NAME STREET ADDRESS	TOOL OF LITTORS AND	2		T ADDRESS			
Sily-Silze	ST. PETERSBURG FL			ST-ZIP			
T.11, F	DST	☐ DELETE	3 1 TITLE			Chang	ge Addition
NAM: STHEFT ADDRESS	MIRON, STEPHEN E 7001 CENTRAL AV		3.2 NAME				
OID - ST-ZIF	ST. PETERSBURG FL		3 3. STREE	ET ADDRESS			
TUFLE		☐ DELETE	4. 1 TITLE	G1-til		☐ Chanç	ge Addition
NAMI			4.2 NAME			_ `	_
STHEET ADDRESS Dity-81-719	,			I ADDRESS			
TILE		DELETE	4.4 CITY - 1 5 1 TITLE	SI - ZiP		☐ Chang	e Addition
JAME			5 2 NAME			C) Outside	N LI MUNICIT
TREET ADDRESS				T ADDRESS			
DITY - ST - ZIP TITLE		FT Dr. Frr	5.4 CITY - :				
NAMI		DELETE	6 1 TITLE 6 2 NAME			☐ Chang	e 🔲 Addition
THEET ADDRESS				T ADDRESS			
DITY - ST - ZIP			6.4 CiTY - 9	1			

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). Fiorida 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 cath; 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 13 if changed, or on an attachment with an address. EIB

SIGNATURE RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 27 7,8.96

345 2291