FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 8:48

DOCUMENT # **P94000010264 (7)**

1. Corporation Name
HI-TEK FOREST PRODUCTS, INC.

Principal Place of Business	Mailing Address
1731 SW 7TH AVE P O BOX 2225 POMPANO BEACH FL 33061	1731 SW 7TH AVE P O BOX 2225 POMPANO BEACH FL 33061

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0463087 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

REGIER, JAROLD W
1731 SW SEVENTH AVE
P O BOX 2225
POMPANO BEACH FL 33061

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	S ☐ Change ☐ Addition
NAME	Charles W. Harnden	12 NAME	Jarold W. Regier
STREET ADDRESS	1731 SW 7th Avenue	13 STREET ADDRESS	1731 SW 7th Avenue
CITY-ST-ZIP	Pompano Beach, FL 33060	14 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	William R. McAlpine	22 NAME	
STREET ADDRESS	1731 SW 7th Avenue	23 STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, FL 33060	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	Ron R. Donnini	32 NAME	
STREET ADDRESS	1801 S. Great SW Parkway	33 STREET ADDRESS	
CITY-ST-ZIP	Grand Prairie, TX 75051	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	James E. Gallagher	42 NAME	
STREET ADDRESS	1006 SE 9th Street	43 STREET ADDRESS	
CITY-ST-ZIP	Bend, OR 97702	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	Dan Rupe	52 NAME	
STREET ADDRESS	234 No. Sherman Ave.	53 STREET ADDRESS	
CITY-ST-ZIP	Corona, CA 91720	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	Patricia Gross	62 NAME	
STREET ADDRESS	1801 S. Great SW Parkway	63 STREET ADDRESS	
CITY-ST-ZIP	Grand Prairie, TX 75051	64 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)(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: J Regier 1/16/95 3054 781-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Jarold W. Regier, Secretary

0425011 VP