


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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000040977 (8)

1. Corporation Name

FLORIDA FOREST PRODUCTS, INC.



Principal Place of Business 2062 20TH AVE SE LARGO FL 34649	Mailing Address P O BOX 1345 LARGO FL 34649
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1994	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3245874	Applied For Not Applicable
23 Zip 33771	25 Country	29 Zip 33779	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PETERSON, RONALD D 2062 20TH AVE SE LARGO FL 34649		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 33771

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	CTD <input type="checkbox"/> DELETE	1.1 TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, RONALD D	1.2 NAME	PETERSON, RONALD D.
STREET ADDRESS	2062 20TH AVE. S.E.	1.3 STREET ADDRESS	2062 20TH AVE. S.E.
CITY-ST-ZIP	LARGO FL 34641	1.4 CITY-ST-ZIP	LARGO, FL 33771
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDENREICH, JOSEPH I	2.2 NAME	HEIDENREICH, JOSEPH I.
STREET ADDRESS	2062 20TH AVE. S.E.	2.3 STREET ADDRESS	2062 20TH AVE. S.E.
CITY-ST-ZIP	LARGO FL 34641	2.4 CITY-ST-ZIP	LARGO, FL 33771
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, MICHAEL T	3.2 NAME	FOLEY, MICHAEL T.
STREET ADDRESS	2284 KINGS POINTE DR.	3.3 STREET ADDRESS	2284 KINGS PT. DR.
CITY-ST-ZIP	LARGO FL 34644	3.4 CITY-ST-ZIP	LARGO, FL 33774
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	FOLEY, M.J.	4.2 NAME	
STREET ADDRESS	3525 FORT CHARLES DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	CASHMAN, RICHARD
STREET ADDRESS		5.3 STREET ADDRESS	2062 20TH AVE. S.E.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LARGO, FL 33771
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____ DATE _____

CR2E034 (10/97)