

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

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000069560 (7)

1. Corporation Name:
STUART LUMBER COMPANY OF FT. MYERS



Principal Place of Business:
3300 UNIVERSITY DR.
CORAL SPRINGS FL 33065

Mailing Address:
3300 UNIVERSITY DR.
CORAL SPRINGS FL 33065-6309

3. Date Incorporated or Qualified: 08/28/1995
3a. Date of Last Report: 03/12/1996

4. FEI Number: 65-0624657
Applied For: ☐ Not Applicable: ☐

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 has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business:
21. 3601 WORK DRIVE
Suite, Apt. #, etc.

2a. Mailing Address:
26. PO BOX 9075
Suite, Apt. #, etc.

22. City & State:
23. FORT MYERS, FLORIDA

27. City & State:
28. CORAL SPRINGS, FLORIDA

24. Zip: 33916
25. Country: LEE

29. Zip: 33075
30. BROWARD

9. Name and Address of Current Registered Agent

PASSARIELLO, JOHN
8434 N.W. 5TH WAY
FT. LAUDERDALE FL 33309

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | NUDELMAN, JEFF | |
| STREET ADDRESS | 3300 UNIVERSITY DR | |
| CITY - ST - ZIP | CORAL SPRINGS FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | CARRY, LINDA | |
| STREET ADDRESS | 3300 UNIVERSITY DR | |
| CITY - ST - ZIP | CORAL SPRINGS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------------|---|
| 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY - ST - ZIP | |
| 2.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2. NAME | |
| 2.3. STREET ADDRESS | |
| 2.4. CITY - ST - ZIP | |
| 3.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2. NAME | |
| 3.3. STREET ADDRESS | |
| 3.4. CITY - ST - ZIP | |
| 4.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2. NAME | |
| 4.3. STREET ADDRESS | |
| 4.4. CITY - ST - ZIP | |
| 5.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2. NAME | |
| 5.3. STREET ADDRESS | |
| 5.4. CITY - ST - ZIP | |
| 6.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2. NAME | |
| 6.3. STREET ADDRESS | |
| 6.4. CITY - ST - ZIP | |

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)