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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jul 16 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000096358 (3)

FREEPORT LUMBER COMPANY, INC.

Principal Plac	ee of Business	Mailing Address			AR 11101 0110 1211 128
HIGHWAY 331 SOUTH		POST OFFICE BOX 57	17		
FREEPORT FL 32439 FREEPORT FL 32439			•		
				DO NOT WRITE IN THIS SPA	CE
				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address		12/18/1995 4. FEI Number	1 1 1 5
21		26		59-3348950	Applied For Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	y & State City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current	
24	25 9. Name and Address of Curre	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registered Age	
WA	ALLACE, W W	The Figure 1	81 Name	to. Halle alle Address of New neglistered Age	<u></u>
	WADE WALLACE, P.A.				
10221 WEST EMERALD COAST PARKWAY #26			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
DESTIN FL 32541			83		
			01 0		
			84 City	FL ⁸	5 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	tutes, the above-named cor	poration submits this statement for the number of she	anging its registered
agent. La	egi stere d agent, or both, in the Stat In f am iliar with, and accept the obli	e of Florida. Such change wa gations of, Section 607.0505,	s authorized by the corpora Florida Statutes.	ilion's board of directors. I hereby accept the appoint	ment as registered
SIGNATURE		-			
	Signature, typed or punited name of registered a		OTE Registered Agent signature requ		
12. TITLE	PTD OFFICERS AI	NO DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIF	
NAME	LOGAN, KEVIN O		1.1 1111.6	LJ	Change
STREET ADDRESS	HIGHWAY 331 SOUTH		1.2 NAME		
CITY-ST-ZIP	FREEPORT FL 32439		1.3 STREET ADDRESS		
TITLE	VSD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	ANDERSON, BRUCE	_ .	2.2 NAME		- Indiana
STREET ADDRESS	HIGHWAY 331 SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	FREEPORT FL 32439		2. 4 CITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3.1 TITLE		Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		☐ DEŁET E	4.1 TITLE		Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-ZiP			4.4 CITY - ST - ZIP		
TITLE		L DELETE	5.1 TITL€		Change
NAME	•		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Doctor	5.4 CITY - ST - ZIP		<u></u>
TITLE		☐ DELETE	6.1 TITLE		Change L Addition
NAME EXPERT ADDRESS			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
City-St-ZiP	erlify that the information supplied	with this filing does not gualify	for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify	that the information
officer or o	on this annual report or supplement	tal annual report is true and ac ceiver priny stee empowered to	ccurate and that my signatu	re shall have the same legal effect as if made under curred by Chapter 607, Florida Statutes; and that my na	oath: that I am anl
	1/				