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Apr 18 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 # P96000037348 (5)

1. Corporation Name
FERNANDINA LUMBER & SUPPLY TRUSS COMPANY, INC.



Principal Place of Business

4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216

Mailing Address

4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216-0699

3. Date Incorporated or Qualified
04/30/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21 P. O. Box 12267
Suite, Apt. #, etc.

22 City & State
Jacksonville, Florida

24 Zip
32209

25 Country
US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

59-3379822

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

9. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N
4215 SOUTHPOINT BLVD.
100 NATIONAL FINANCIAL BLDG.
JACKSONVILLE FL 32216

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 in printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KUESTER, KENNETH
STREET ADDRESS 4215 SOUTHPOINT BLVD., SUITE 100
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D
NAME TREVETT, HARRY
STREET ADDRESS 4215 SOUTHPOINT BLVD., SUITE 100
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D
NAME MYERS, DAVID A
STREET ADDRESS 12918 OAKLAND HILLS COURT
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VST
1.2 NAME Kuester, Kenneth
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V
2.2 NAME Trevett, Harry
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE P
3.2 NAME Myers, David A.
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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
KENNETH KUESTER

3/21/97

Date

Daytime Phone

CR2E034 (9/96)