PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000046190

1. Corporation Name

CITY-ST-ZIP

REDMAN LUMBER CONSULTING, INC.

Principal Place of Business Mailing Address 3038 NORTH FEDERAL HIGHWAY, BUILDING L 3038 NORTH FEDERAL HIGHWAY, BUILDING L FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/22/1998 Applied For 2a. Mailing Address 2. Principal Place of Business # FEI Number 65-0836865 8211 W. BROWAR BLUD Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 3T2 375 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 ~6rawwate~ 23 This corporation owes the current year Intangible
 Personal Property Tax.

Yes Zip Country Zio ∏No Personal Property Tax. 33324 29 30 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 00D KLLSTON O'DRISCOLL, DAVID Street Address (P.O. Box Number is Not Acceptable) 3038 NORTH FEDERAL HIGHWAY, BUILDING L u Blownes FORT LAUDERDALE FL 33306 5015 375 Zip Code 33324 B5. PLANTATION 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the altove-named corporation submits this stetement 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. 6/15/99 SIGNATURE CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change ☐ Addition DELETE 1.1 TILLE D mE 1.2 NAME REDMAN, ERIC NAME 3038 NORTH FEDERAL HIGHWAY, BUILDING L 1.3 STREET ADDRESS STREET ADORES! FORT LAUDERDALE FL 33306 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE ME 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 31 TO F TITLE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change T DELETE 4.1 TITLE TITLE 4. 7 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE AITITLE TOPE 62 NAME NAME A 3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

614/199

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, with all other like empowered.

edman Commen

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

_ E % : : E '20 ↑)

==:::

=....

=.te

= 45

Jun 18, 1999 8:00 am
Secretary of State
06-18-1999 90007 044 ***550.00