## 3-19-97 B 3266 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B: Mortham

Socretary of States
DIVISION OF CORPORATIONS

DOCUMENT # S62016

(8)

FLORIDA LUMBER SERVICES CORPORATION

FILED Mar 19 1997 8:00am Secretary of State



Principal Plac	a of Ducinous	Mullion Address			
		Mailing Address C/O CPA			
775 E. MERRITT ISLAND CAUSEWAY SUITE 110 MERRITT ISLAND FL 32952		4505 FERNOROFT CIRCLE TAMPA FL 33629-4224 US			
				3. Date Incorporated or Qualified 06/24/1991	3a. Date of Last Report 04/10/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		98-0117794	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		City & State			Fee Required
City & State		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 <sub>(D)</sub>	Country	8. This corporation has tiability for it	
24	25		30		Yes No
<u> </u>	9. Name and Address of Curre		=	10. Name and Address of New Reg	istered Agent
SUTT	E. MERRITT ISLAND CAUSEWA TE 140 RTIT ISLAND FL 32952		84 City 14	RIAN STACK 250 Miami Confo OI S. Biscoyne B IAMI	FL  85   Zip Code 3
office or agent. I a	Signature, typicit or printegratine of registrated as	ach	of the corporation of the corpor	poration submits this statement for the patien's board of directors. I hereby acception's board of directors. I hereby acception with the patient of the patients of the patie	DATE
TITLE	I <b>D</b> (	DELETE	1.1 TILLE		Change Addition
NAME	THOMPSON, RALPH C.		1,2 NAME		
STREET ADDRESS	29 BRACKNELL AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	KINGSTON 8, JAMAICA		1.4 CH1Y - S1 - 7IP		
TITLE	D	☐ DELETE	211HLE		Change Additio
NAME	THOMPSON, DOREEN E.		2.2 NAME		
STREET ADDRESS	29 BRACKNELL AVE.		2 3 STREET ADDRESS		
CITY-ST-ZIP	KINGSTON 8, JAMAICA	There ex	2 4 C(1Y - S1 - ZIP		Change Add tio
TITLE	1	☐ DEUTE	3.1 TITLE		☐ cuands ☐ waaraa
NAME	†		3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP TITLE	<del> </del>	DELETE	3 4. Crt Y - St - ZIF		Change Addition
			4 2 NAME		
NAME STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CiTY-ST-7IP		
CITY - ST - ZIP TITLE		DELFTE	51 1BLE		Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			G 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	by certify that the information supplie	ed with this filing does not qualify		ed in Section 119.07(3)(i), Florida Statute:	s. I further certify that the

1 do hereby certify that the information supplied with this fring does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Further certify hat 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 each; 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.

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