

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90088 014 \*\*\*150.00

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1. Corporation Name

FLORIDA LUMBER SERVICES CORPORATION



Principal Place of Business

201 S BISCAYNE BLVD  
3250 MIAMI CENTER  
MIAMI FL 33143  
US

Mailing Address

C/O BRIAN STACK  
201 S BISCAYNE BLVD. 3250 MIAMI CENTER  
MIAMI FL 33143  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1991

4. FEI Number

59-3079475

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1200 Brickell Ave.

Suite, Apt. #, etc.

22 Suite 950

City & State

23 Miami FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 1200 Brickell Ave.

Suite, Apt. #, etc.

27 Suite 950

City & State

28 Miami, FL

Zip

29 33131

Country

30 USA

10. Name and Address of New Registered Agent

81 Name Brian J. Stack

82 Street Address (P.O. Box Number is Not Acceptable)  
Suite 950, 1200 Brickell Avenue

83

84 City Miami

FL

85 Zip Code 33131

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

Brian J. Stack

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-23-99

12. OFFICERS AND DIRECTORS

TITLE D. ☐ DELETE

NAME THOMPSON, RALPH C.

STREET ADDRESS 29 BRACKNELL AVE.

CITY-ST-ZIP KINGSTON 8, JAMAICA

TITLE D. ☐ DELETE

NAME THOMPSON, DOREEN E.

STREET ADDRESS 29 BRACKNELL AVE.

CITY-ST-ZIP KINGSTON 8, JAMAICA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Brian J. Stack

Date

Daytime Phone #

CR2E034 (11/98)