FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 7:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S83207 (8)

1. Corporation Name
W & W LUMBER OF LAKE PLACID, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
16500 SW WARFIELD BLVD BOX 1 INDIANTOWN FL 34956	16500 SW WARFIELD BLVD BOX 1 INDIANTOWN FL 34956

3. Date Incorporated or Qualified: 09/26/1991
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0286274 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WALL, HARRIS H
16500 SW WARFIELD BLVD
INDIANTOWN FL 34956

10. Name and Address of New Registered Agent

81 Name: IRIS WALL
82 Street Address (P.O. Box Number Is Not Acceptable): 16500 SW PALOMINO ST.
83
84 City: INDIANTOWN FL 85 Zip Code: 34956

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: Iris Wall — IRIS WALL — 4/4/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WALL, HARRIS H.	1.2 NAME	WALL, IRIS	
STREET ADDRESS	16500 SW PALOMINO	1.3 STREET ADDRESS	16500 SW PALOMINO ST	
CITY-ST-ZIP	INDIANTOWN FL	1.4 CITY-ST-ZIP	INDIANTOWN, FL. 34956	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, CRAIG	2.2 NAME		
STREET ADDRESS	15801 SW PALOMINO	2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	WALL, IRIS	3.2 NAME	EDWARDS, EVA	
STREET ADDRESS	16500 SW PALOMINO	3.3 STREET ADDRESS	15801 SW PALOMINO ST.	
CITY-ST-ZIP	INDIANTOWN FL	3.4 CITY-ST-ZIP	INDIANTOWN, FL. 34956	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	LAWRENCE, CAROLYN W	4.2 NAME		
STREET ADDRESS	16200 SW MAPLE AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Carolyn W Lawrence — CAROLYN W. LAWRENCE, SECRETARY — 4/4/95 — 407-597-3506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0383033 CP