

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S83207** (8)

1. Corporation Name

W & W LUMBER OF LAKE PLACID, INC.



Principal Place of Business

**16500 SW WARFIELD BLVD
BOX 1
INDIANTOWN FL 34956**

Mailing Address

**16500 SW WARFIELD BLVD
BOX 1
INDIANTOWN FL 34956**

3. Date Incorporated or Qualified

09/26/1991

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALL, IRIS
16500 SW PALOMINO ST
INDIANTOWN FL 34956**

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **EDWARDS, EVA**
CITY-STATE-ZIP **15801 SW PALOMINO ST
INDIANTOWN FL**

TITLE ☐ DELETE
NAME **PDT**
STREET ADDRESS **EDWARDS, CRAIG**
CITY-STATE-ZIP **15801 SW PALOMINO
INDIANTOWN FL**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **WALL, IRIS**
CITY-STATE-ZIP **16500 SW PALOMINO
INDIANTOWN FL**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **LAWRENCE, CAROLYN W**
CITY-STATE-ZIP **16200 SW MAPLE AVE
INDIANTOWN FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME **VD**
23 STREET ADDRESS **EDWARDS, CRAIG**
24 CITY-STATE-ZIP **15801 SW PALOMINO
INDIANTOWN FL 34956**

31 TITLE ☒ Change ☐ Addition
32 NAME **PD**
33 STREET ADDRESS **WALL, IRIS**
34 CITY-STATE-ZIP **16500 SW PALOMINO
INDIANTOWN, FL. 34956**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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)(k), 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**

4/8/96

407-597-3506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)