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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$83207

STREET ADDRESS

W & W LUMBER OF LAKE PLACID, INC.

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Principal Place of Business		Mailing Address				t toding (d) (d) and (c) can an	III) 1881 81811 8)#
16500 SW;WARFIELD BLVD		16500 SW WARFIELD BLVD				1				
BOX 1		BOX 1				DO NOT WRITE IN THIS SPACE				
INDIANTOWN FL 34956		INDIANTOWN FL 34956				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						09/26/1991				
2 Dringinal P	lace of Rueiness	2a. Mailing Address				4. FEI Number		$ 1$ \Box	Applied For	
2. Principal Place of Business		26				65-0286274		\Box	Not Applicabl	e
21 Suite, 'Apt. #, etc.		Suite, Apt. #, etc.						\$8.7	5 Additional	\neg
22		27				5. Certificate of Status Desired		Fee	Required	
City & State		City & State				6. Election Campaign Financing	r-1	\$5.0)0 May Be	
23		28				Trust Fund Contribution		Add	ed to Fees	
Zip	Country	Zip	Co	untry		8. This corporation owes the curr	ent year int		_	
24	25	29	30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	t Registered Agent		1		10. Name and Address of New F	Registered	Agent_		
	516			81	Name					ł
,	1, IRIS			82	Street Addre	ess (P.O. Box Number is Not Accepta	able)			\neg
,	00 SW PALOMINO ST									_
INDL	ANTOWN FL 34956			83						- }
				84 (City			85 2	ip Code	\neg
				1 1	,		Fl.	.	,	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or	of Florida. Such change was a	iuthorize	ed by the	named corpo e corporatio	oration submits this statement for the on's board of directors. I hereby accept	purpose of	changing ntment a	its registered s registered	
office or r agent. I a SIGNATURE	registered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent	of Florida. Such change was a tions of, Section 607.0505, Floridate if applicable. (NOTE	uthorize orida Sta	ed by the atutes. ed Agent si	e corporatio	on's board of directors. I hereby accel	purpose of of the appoi	ntment a	s registered	
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90126 032 ***150.00