

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 17, 1999 8:00 am
Secretary of State

03-17-1999 90131 037 ***150.00

DOCUMENT # **V69034**

1. Corporation Name

LEMON BAY TRUSS & SUPPLY COMPANY

Principal Place of Business

5300 LINWOOD ROAD
SUITE 720
ROTONDA WEST FL 33947
US

Mailing Address

PO BOX 5315
ENGLEWOOD FL 34224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1992

4. FEI Number

65-0362997

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

KEIM, JANE
3340 PLACIDA RD
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when terminating)

DATE

3/12/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WORTHINGTON, WARREN S
STREET ADDRESS 872 DUQUESNE ROAD
CITY-ST-ZIP VENICE FL ☒ DELETE

TITLE V
NAME TRIEBE, ALLEN
STREET ADDRESS 3632 ALURE LANE
CITY-ST-ZIP NORTH PORT FL ☐ DELETE

TITLE AS
NAME KEIM, JANE
STREET ADDRESS 85 W. GREEN STREET
CITY-ST-ZIP ENGLEWOOD FL ☐ DELETE

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

11 TITLE P
12 NAME VERMEULEN, MICHAEL J.
13 STREET ADDRESS 2745 FIESTA DR.
14 CITY-ST-ZIP VENICE FL 34293 ☐ Change ☒ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Michael Vermeulen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3/12/99

DAYTIME PHONE #

941 698-0800

CR2E034 (11/98)