

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 260425

**Entity Name:** W & W LUMBER & BUILDING SUPPLIES INC

**Current Principal Place of Business:**

16500 SW WARFIELD BLVD  
BOX 1  
INDIANTOWN, FL 34956

**Current Mailing Address:**

P.O. BOX 1  
16500 SW WARFIELD BLVD  
INDIANTOWN, FL 34956 US

**FEI Number:** 59-0994064

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALL, IRIS  
16500 SW PALOMINO STREET  
INDIANTOWN, FL 34956 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	VD
Name	GILLIAM, ALLEN RVP
Address	15950 SW PALOMINO ST
City-State-Zip:	INDIANTOWN FL 34956
Title	TD
Name	GILLIAM, LOIS TERRY TREAS
Address	15950 SW PALOMINO ST
City-State-Zip:	INDIANTOWN FL 34956

Title	PD
Name	WALL, IRIS PRES
Address	16500 SW PALOMINO ST
City-State-Zip:	INDIANTOWN FL 34956
Title	S
Name	LAWRENCE, CAROLYN WSEC
Address	16200 SW MAPLE AVE.
City-State-Zip:	INDIANTOWN FL 34956

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROLYN W LAWRENCE

**SECRETARY**

**04/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date