2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2004 08:00 AM **DOCUMENT # 190692 Secretary of State** 1. Entity Name FLORIDA PLYWOODS, INC. Principal Place of Susiness Mailing Address 111 S. E. FIRST AVE. 111 S. E. FIRST AVE. P. O. BOX 23939 GAINESVILLE FL 32601 P. O. BOX 23939 GAINESVILLE FL 32601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc CR2E034 (11/03) 4. FE) Number Applied For City & State City & State 59-0762651 Not Applicable Country Country Zio \$8.75 Additional Zγp 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLAYTON, JAMES E. ESQ. 111 S. E. FIRST AVE. Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32601 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed name of registerod agent and title it applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE PTD ☐ Detete TITLE ☐ Addition MAULTSBY, JOHN C JR MAME NAME U00000025279 STREET ADDRESS 1201 SENTINEL WAY STREET ADDRESS *32/02/04-80098-023 150.00* CATH - ST - ZIP MADISON FL CITY-ST-ZIP VSD TITLE ☐ Delete TITLE ☐ Channe Addition MAULTSBY, CHARLES T NAME NAME STREET ADDRESS 122 RIDGE ROAD STREET ADDRESS CHY-SI-ZIP PERRY FL CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ACCRESS SZBRECT ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TETLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 troslee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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Charles T. Maultsby, Secretary

SCHATURE AND TYPED OR PRINTED HAM

SIGNATURE:

FILED

(850)948-2211

1/30/04