

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 26 AM 10: 14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F49936** (0)

1. Corporation Name  
**SUNBELT FOREST PRODUCTS CORPORATION**

Principal Place of Business      Mailing Address  
**U S HIGHWAY 17 & SPIRIT LAKE RD  
P O BOX 1218  
BARTOW FL 33830**      **U S HIGHWAY 17 & SPIRIT LAKE RD  
P O BOX 1218  
BARTOW FL 33830**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/16/1981**      **04/20/1994**

4. FEI Number      Applied For  
**59-2156058**       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. The corporation has liability for intangible tax under ss. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      29 Zip      30 Country

9. Name and Address of Current Registered Agent

**HOLLAND, CARL F  
HWY 17 & SPIRIT LAKE RD  
BARTOW, FLORIDA  
33830**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City      B5 Zip Code

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>
NAME	<b>HOLLAND, ALFRED E</b>
STREET ADDRESS	<b>US HWY17 &amp; SPIRIT LAKE RD</b>
CITY-ST-ZIP	<b>BARTOW, FL 00000</b>
TITLE	<b>P</b>
NAME	<b>HOLLAND, CARL F</b>
STREET ADDRESS	<b>US HWY 17 &amp; SPIRIT LAKE RD</b>
CITY-ST-ZIP	<b>BARTOW, FL 00000</b>
TITLE	<b>V</b>
NAME	<b>KING, AUGUSTUS H</b>
STREET ADDRESS	<b>US HWY 17 SPIRIT LK RD</b>
CITY-ST-ZIP	<b>BARTOW, FL 00000</b>
TITLE	<b>S</b>
NAME	<b>WALLACE, HOWE O</b>
STREET ADDRESS	<b>US HWY 17 &amp; SPIRIT LK RD</b>
CITY-ST-ZIP	<b>BARTOW FL</b>
TITLE	<b>T</b>
NAME	<b>FLETCHER, CASEY A</b>
STREET ADDRESS	<b>US HWY 17 &amp; SPIRIT LAKE RD</b>
CITY-ST-ZIP	<b>BARTOW FL</b>
TITLE	<b>S</b>
NAME	<b>DURRENCE, JEAN E</b>
STREET ADDRESS	<b>US HWY 17 &amp; SPIRIT LAKE RD</b>
CITY-ST-ZIP	<b>BARTOW FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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: *X* **Carl F. Holland**      Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR