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**Jan 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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**

3. Date Incorporated or Qualified **10/16/1981** 3a. Date of Last Report **03/20/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2156058	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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: _____ DATE: _____
Signature of person or persons who are registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Carl F. Holland* **CARL F. HOLLAND** 1/13/97 (94) 5341702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR [Date] Daytime Phone #

CR2E034 (9/96)