## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # L83979** 1. Entity Name MID-SOUTH LUMBER CO. OF NORTHWEST FLORIDA, INC. 04-25-2001 90174 020 \*\*\*150.00 Principal Place of Business Mailing Address P. O. BOX 1007 P. O. BOX 1007 PANAMA CITY FL 32402 PANAMA CITY FL 32402 2. Principal Place of Business 3. Mailing Address POBOX OGS FLORIDA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3018982 ANALLA Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired CISA Èee Bequired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COVEY, KENNETH J. Street Address (P.O. Box Number is Not Acceptable) 501 MASSALINA DR. PANAMA CITY FL 32401 both in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office or re FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT ☐ Change X Addition CE<sub>0</sub> TITLE TITLE **★** Delete CURTIS D. HARTOG NAME COVEY, KENNETH, J NAME 3517 PITSELBARGER CT. STREET ADDRESS STREET ADDRESS 1065 FLORIDA AVE. CITY-ST-ZIP CITY-ST-7IP PAJAMA CITY FL PANAMA CITY FL SECRETAR X Addition Change TITLE TITLE ST Delete STEPHALIE A. HARTOG NAME COVEY, GERALDINE J. NAME STREET ADDRESS STREET ADDRESS 501 MASSALINA DR. 3517 PITSENBARGER CITY - ST- ZIP CITY-ST-7IP PAJAMA CITY FL VICE-FREEIDENT Panama City Fl TITLE ☐ Change Addition ☐ Delete TITLE DONALD D. HARTOG NAME NAME 2209 Ath AJE: 50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITL F TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR