

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 667345

**Entity Name:** FLORIDA LUMBER INSPECTION SERVICE, INC.

**Current Principal Place of Business:**

1641 SIGMAN RD  
CONYERS, GA 30012

**Current Mailing Address:**

P.O. BOX 919  
CONYERS, GA 30012 US

**FEI Number: 59-2004213**

**Certificate of Status Desired: No**

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

LEE, MARK  
124 PINE TREE RD  
PERRY, FL 32347 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 PT  
Name WILLIAMS, RONALD L  
Address 1641 SIGMAN RD  
City-State-Zip: CONYERS GA 30012

Title VS  
Name RESPESS, JAMES L  
Address 1641 SIGMAN RD  
City-State-Zip: CONYERS GA 30012

Title TREASURER  
Name THOMSON, TERESA  
Address 1641 SIGMAN RD  
City-State-Zip: CONYERS GA 30012

Title VP  
Name MOORE, JAY  
Address 1641 SIGMAN RD  
City-State-Zip: CONYERS GA 30012

*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: TERESA THOMSON**

**TREASURER**

**03/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date