2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008
Secretary of State

DOCUMENT# 142791

Entity Name: OCALA LUMBER COMPANY

Current Principal Place of Business:

1317 N MAGNOLIA AVE
P.O.BOX 1389 (32678)
OCALA, FL 34475 US

New Principal Place of Business:

1317 N MAGNOLIA AVE
OCALA, FL 34475 US

Current Mailing Address:

1317 N MAGNOLIA AVE
P.O.BOX 1389 (32678)
OCALA, FL 32670

New Mailing Address:

P. O. BOX 1389
OCALA, FL 344781389

FEI Number: 59-0265396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOXON, HENRY J G
1317 N. MAGNOLIA AVE
P O BOX 1389
OCALA, FL 32670 US

Name and Address of New Registered Agent:

MOXON, HENRY J G
1317 N. MAGNOLIA AVE
OCALA, FL 34475 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: HENRY J. G. MOXON 02/27/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: MOXON, HENRY JG
Address: 1317 N MAGNOLIA AVE
City-St-Zip: OCALA, FL

Title: VDS ( ) Delete
Name: SWEARINGEN, MARJORIE A M
Address: 1317 N. MAGNOLIA AVE
City-St-Zip: OCALA, FL

Title: D ( ) Delete
Name: MOXON, MARJORIE L
Address: 1317 N MAGNOLIA AVE
City-St-Zip: OCLA, FL

Title: D ( ) Delete
Name: SWEARINGEN, DONALD G
Address: 1317 N. MAGNOLIA AVE.
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition
Name: MOXON, HENRY JG
Address: 1317 N MAGNOLIA AVE
City-St-Zip: OCALA, FL 34475

Title: VDS (X) Change ( ) Addition
Name: SWEARINGEN, MARJORIE A M
Address: 1317 N. MAGNOLIA AVE
City-St-Zip: OCALA, FL 34475

Title: D (X) Change ( ) Addition
Name: MOXON, MARJORIE L
Address: 1317 N MAGNOLIA AVE
City-St-Zip: OCALA, FL 34475

Title: D (X) Change ( ) Addition
Name: SWEARINGEN, DONALD G
Address: 1317 N. MAGNOLIA AVE.
City-St-Zip: OCALA, FL 34475

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HENRY J. G. MOXON PRES 02/27/2008
Electronic Signature of Signing Officer or Director — Date