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PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 APR 29 PM 1:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **145776** **(1)**

1. Corporation Name
BARBER LUMBER COMPANY INC

Principal Place of Business	Mailing Address
~~3310 LOWSON BLVD.~~ ~~DELRAY BCH FL 33445~~ US	~~3310 LOWSON BLVD.~~ ~~DELRAY BCH FL 33445-5639~~ US

3. Date Incorporated or Qualified: 02/07/1946
3a. Date of Last Report: 04/17/1996

4. FEI Number: 59-0544429 ☐ Applied For ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 986 TEN MILE STILL RD.	26 986 TEN MILE STILL RD.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 BAINBRIDGE, GEORGIA	28 BAINBRIDGE, GEORGIA.
24 Zip 31717 25 Country DECATUR	29 Zip 31717 30 Country DECATUR

9. Name and Address of Current Registered Agent

STANTON, FRED R.
1111 LINCOLN RD. MALL, SUITE ~~800~~ 500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	BARBER, JR ROBERT C		1.2 NAME	
STREET ADDRESS	3310 LOWSON BLVD		1.3 STREET ADDRESS	952 TEN MILE STILL ROAD
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	BAINBRIDGE, GEORGIA 31717
TITLE	SVD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BARBER, BARBARA ANN		2.2 NAME	
STREET ADDRESS	3310 LOWSON BLVD.		2.3 STREET ADDRESS	952 TEN MILE STILL ROAD
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	BAINBRIDGE, GEORGIA 31717.
TITLE	~~D~~	☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	~~STANTON, FRED R.~~		3.2 NAME	
STREET ADDRESS	~~1111 LINCOLN RD. #800~~		3.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI BEACH FL~~		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	500002159105--7
STREET ADDRESS			4.3 STREET ADDRESS	-04/29/97--01104--001
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****173.75 ****173.75
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Robert C Barber Jr President 4/29/97 (912)-246-7169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT C. BARBER JR.