

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 160031 (1)

1. Corporation Name  
PERRY LUMBER COMPANY INC

Principal Place of Business  
1509 S BYRON BUTLER PKWY.  
P O BOX 1727  
PERRY FL 32347

Mailing Address  
~~1509 S BYRON BUTLER PKWY.~~  
~~P O BOX 1727~~  
~~PERRY FL 32347-5430~~

PA  
\$ FILED  
Feb 11 1997 8:00am  
Secretary of State

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AT



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 878

27 Suite, Apt. #, etc. c/o Gilman Investment Co.

28 City & State St Marys, GA

29 Zip Country 31558 Camden

3. Date Incorporated or Qualified  
12/29/1949

3a. Date of Last Report  
04/24/1996

4. FEI Number  
59-0620668

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 NO, ~~yes~~ consolidated

9. Name and Address of Current Registered Agent

~~DICKERT, MARK R.~~  
1509 S. BYRON BUTLER PKWY.  
PERRY FL 32347

10. Name and Address of New Registered Agent

81 Name Ben Wood  
82 Street Address (P.O. Box Number is Not Acceptable)  
1509 S. Byron Butler Pkwy.  
83 Perry  
84 City FL 85 Zip Code 32347

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 Ben W. Wood Ben W. Wood 1-26-97  
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	DICKERT, PAUL W	
STREET ADDRESS	1509 W. BYRON BUTLER PARKWAY	
CITY-ST-ZIP	PERRY FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	DICKERT, MARK R	
STREET ADDRESS	1509 S. BYRON BUTLER PARKWAY	
CITY-ST-ZIP	PERRY, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jim Haider	
1.3 STREET ADDRESS	1000 Osborne St.	
1.4 CITY-ST-ZIP	St Marys, GA 31558	
2.1 TITLE	Ben Wood	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ben Wood	
2.3 STREET ADDRESS	1000 Osborne St.	
2.4 CITY-ST-ZIP	St Marys, GA 31558	
3.1 TITLE	John Faiella	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Faiella	
3.3 STREET ADDRESS	1000 Osborne St.	
3.4 CITY-ST-ZIP	St Marys, GA 31558	
4.1 TITLE	Dominick Sorrentino	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dominick Sorrentino	
4.3 STREET ADDRESS	1000 Osborne St.	
4.4 CITY-ST-ZIP	St Marys, GA 31558	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: Ben W. Wood Ben W. Wood 1-26-97 904/584-3401  
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #