

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 179261 (3)

1. Corporation Name

COLEMAN EVANS WOOD PRESERVING COMPANY



Principal Place of Business

1300 RIVERPLACE BLVD  
#605  
JACKSONVILLE FL 32207  
US

Mailing Address

P. O. BOX 1221  
JACKSONVILLE FL 32201  
US

3. Date Incorporated or Qualified

06/19/1954

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-0721734

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

9. Name and Address of Current Registered Agent

COLEMAN, JACK  
1436 SWAN LANE  
JACKSONVILLE FL 32207

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

Signature typed or printed name of registered agent (if applicable)

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P  
COLEMAN, JACK  
1436 SWAN LANE  
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

V  
COLEMAN, HELENE  
1436 SWAN LANE  
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP

ADD ZIP CODE 32207

2. TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP

ADD ZIP CODE 32207

3. TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP

4. TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP

5. TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP

6. TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP

7. TITLE 72 NAME 73 STREET ADDRESS 74 CITY-STATE-ZIP

8. TITLE 82 NAME 83 STREET ADDRESS 84 CITY-STATE-ZIP

9. TITLE 92 NAME 93 STREET ADDRESS 94 CITY-STATE-ZIP

10. TITLE 102 NAME 103 STREET ADDRESS 104 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: JACK COLEMAN, PRESIDENT

*Jack Coleman*

4/15/96

(904) 348-3955

CR2E034 (12/95)