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Feb 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 218784 (7)

1. Corporation Name  
BAGWELL LUMBER CO OF AVON PARK INC

Principal Place of Business

THOMAS W BAGWELL  
18 S BUTLER AVE  
AVON PARK FL 33825

Mailing Address

THOMAS W BAGWELL  
18 S BUTLER AVE  
AVON PARK FL 33825-3817



3. Date Incorporated or Qualified 01/01/1959  
3a. Date of Last Report 01/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

4. FEI Number 59-0811709  
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

BAGWELL, THOMAS W  
20 S. BUTLER AVENUE  
AVON PARK FL 33825

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS    | CITY - ST - ZIP   | DELETE                   |
|-------|--------------------|-------------------|-------------------|--------------------------|
| V     | BAGWELL, GARY L.   | 333 S. MARION RD. | AVON PARK FL      | <input type="checkbox"/> |
| ST    | BAGWELL, LOIS W.   | 97 LAKE DAMON DR. | AVON PARK FL      | <input type="checkbox"/> |
| P     | BAGWELL, THOMAS W. | 97 LAKE DAMON DR  | AVON PK, FL 00000 | <input type="checkbox"/> |
|       |                    |                   |                   | <input type="checkbox"/> |
|       |                    |                   |                   | <input type="checkbox"/> |
|       |                    |                   |                   | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97 941.453.3168  
Date Daytime Phone #

CR2E034 (9/96)