

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State
 01-20-2000 90160 007 ***150.00

DOCUMENT # 218784

1. Entity Name
BAGWELL LUMBER CO OF AVON PARK INC

Principal Place of Business Mailing Address
THOMAS W BAGWELL THOMAS W BAGWELL
309 WEST PLEASANT ST PO BOX 1116
AVON PARK FL 33825 AVON PARK FL 33826-1116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-0811709** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BAGWELL, THOMAS W
~~28 S BUTLER AVENUE~~
AVON PARK FL 33825
BAGWELL THOMAS W
97 LAKE DAMON DR
AVON PARK, FL
33825

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas W Bagwell* **THOMAS W BAGWELL** **1-13-2000** **863453-3168**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)