

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90721 013 ***150.00

DOCUMENT # 218784

1. Entity Name
BAGWELL LUMBER CO OF AVON PARK INC



Principal Place of Business
THOMAS W BAGWELL
309 WEST PLEASANT ST
AVON PARK FL 33825

Mailing Address
THOMAS W BAGWELL
PO BOX 1116
AVON PARK FL 33826



2. Principal Place of Business
Gary L. Bagwell

3. Mailing Address
Gary L. Bagwell

Suite, Apt. #, etc.
309 West Pleasant St./

Suite, Apt. #, etc.
PO Box 1116

CHECK HERE IF MAKING CHANGES

City & State
Avon Park, FL 33825

City & State
Avon Park, FL 33826

4. FEI Number **59-0811709**

Applied For
 Not Applicable

Zip Country
33825 Highlands

Zip Country
33826 Highlands

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

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

7. Name and Address of New Registered Agent

Name
GARY BAGWELL

Street Address (P.O. Box Number is Not Acceptable)
333 South Marion Road

City
AVON PARK **FL** Zip Code
33825

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gary Bagwell* **Gary Bagwell** **4-30-03**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	P BAGWELL, GARY L. 333 S. MARION RD. AVON PARK FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	ST BAGWELL, ELIZABETH 333 S MARION RD AVON PARK FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *GARY BAGWELL* **GARY L. BAGWELL** **4-30-03** **(863)453-3168**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)