SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

ATLANTIC LUMBER COMPANY, INC.

(9)

FILED Sep 15 1997 8:00am Secretary of State

	30110 1 1117 1110	•			# 1444 1444 1444 1444 1444 1444 1444 14
Principal Place	e of Business	Mailing Address			n night etalt albit albit, blait blait 1984
1509 S. BYRON BUTLER PARKWAY 1509 S. BYRON BUTLER PA		ARKWAY			
P.O. BOX 1727 P.O. BOX 1727					
PERRY FL 32347 PERRY FL 32347				IN THIS SPACE	
				3. Date Incorporated or Qualified	3a, Date of Last Report
A Drington S	lone of Business	On Mailing Address		07/04/1960	04/22/1996
	lane of Business	2a. Mailing Address 26 D.D.B.EX	1664	4, FEI Number	Applied For
21 33 Suite, Apt.	# 10 10 10 10 10 10 10 10 10 10 10 10 10	Suite, Apt. #, etc.	1 44 60 7		Not Applicable \$8.75 Additional
22		27]		5. Certificate of Status Desired	Fee Required
Cityes State	77	City & State	4-4	6. Election Campaign Financing	\$5.00 May Be
23 4 3/-6	my +1	28 Perry	<u>+</u>	Trust Fund Contribution	Added to Fees
24 3234	Country A	29 32348 30	Country USA	This corporation owes or has pa Personal Property Tax due June	– ' – ' 1
ET 10.7	g, Name and Address of Current	<u> </u>	, <u> </u>	10. Name and Address of New Re	
DIC	CKERT, MARK R.		81 Nam		
1500 6 DVDON DITTI CO DADVINAV					No.
	RRY FL 32347		82 Street A	Address (P.O. Box Number is New Acceptate	er # 323
, <u>-</u>	,		83		
			84 City/2		85 Zip Code
			100	uines vi lle	FL 32608
11. Pursuant	to the provisions of Sections 607.0502 egistered again, or both, in the State of	and 607.1508, Florida Statutes, Florida, Such change was auf	the above-named on the corne	corporation submits this statement for the poration's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered
agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE	- tau	Two falls of acultacible (1977)	egistered Agent signature r	toguized when reinstating)	417177
12.	Signature, typod or irrinled name of registered agont OFFICERS AND		egistered Agent signature r	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PT	DELETE	1.1 TITLE	ADDITIONATION TO OFFICE	Change Acidition
NAME	DICKERT, MARK R.		1.2 NAME	~ ~4. ~	
STREET ADDRESS	1509 S.BYRON BUTLER PKWY		1.3 STREET ADDRESS	of car bear a	race
CITY-ST-ZIP	PERRY FL		1.4 CITY-ST-ZIP	Bainesville Pl	32600
TITLE	VS	DELETE	2.1 TITLE		Change Addition
NAME	DICKERT, PAUL W.		2.2 NAME	5745 sw 75th St Bainesville #	neet #= 3> 2
STREET ADDRESS	1509 S.BYRON BUTLER PKWY		2.3 STREET ADDRESS		/
CITY-ST-ZIP	PERRY FL		2.4 CITY-ST-ZIP	Courses ville 7	32608
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME		;	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		LJ VELETE	4.1 TITLE		CT change CT Valition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		<u></u>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		'	6.2 NAME		Ì
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 12 if changed, or on an attachment with an address.