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

PROFIT CORPORATION ANNUAL REPORT



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

FILED
Apr 10 1996 8:00 am
Secretary of State

1996

DOCUMENT # 256885

(5)

FERGUSON LUMBER COMPANY

Principal Place of Business Mailing Address					T 198119 11981 BITH BITH BITH BERNELLE	BLOC BOOK BEBUI BEBUI DE	JIA DIDA DIQIN BARN FRQI
P O BOX 1686 U.S. HIGHWAY 27 & NW 30TH OCALA FL 32678-1686		P O BOX 1686 U.S. HIGHWAY 27 & NW 30TH OCALA FL 32678-1686					
					3. Date Incorporated or Qualified 03/14/1962	_ Jul. Daily 0. (.ast Report 8/1995
Principal Place of Business The Principal Place of Business		2a. Mailing Address	-1 ·		4. FET Number Applied For 59-0950567 Not Applied		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		Oity & State	Trap		Flection Campaign Financing Trust Furid Contribution	9 \$5.00 May Be	
Zip 24	Country Zip		Country		8. This corporation has liability for	or intangible tax un	Added to Fees ider s 199.032,
 1	Name and Address of Currer	29	30			s 🗆 No	
	2. The Address of Ourier	gistered Agent	81	Name	10. Name and Address of New	Hegistered Age	11
EEDGII	SUN IC IB		"	INGITIE			
	FERGUSON, J.C.,JR. 401 S.E. 48TH AVE.			Street Addre	ess (P.O. Box Number is Not Accepta	able)	
32678	40111 AVE.		83				
320/0			63				
			84	City		85	Zip Code
11. Pursuant t	to the provisions of Sections 607 0502	and 607 1509 Florida Statu	lon the elique	L		<u> </u>	
or register familiar wi	to the provisions of Sections 607,0502 red agent, or both, in the State of Fioric th, and accept the obligations of, Sect	ta. Such change was authori ion 607.0505, Florida Statute	tes, the above- zed by the corp s.	named corpor poration's boar	ation submits this statement for the p d of directors. I hereby accept the ap	urpose of changin pointment as regis	g its registered office stered agent. I am
SIGNATURE							
	Signature, type for printed name of registered agent		O't Regulered Age	disignative majored		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRI	ECTORS IN 12 ange
TITLE	PTD PTD	☐ DETELE	1) THILE			☐ Ch	ange 🗌 Addition
NAME	FERGUSON, J C, JR		1.2 NAME				ج ا
STREET ADDRESS	POST OFFICE BOX 1686 N/A	\	1 3 STREET ADDRESS				[
CITY - ST - ZIP	OCALA FL VSD		1.4 CITY - ST - ZIP				8
TITLE	1	☐ DELETE	2 1 TITLE			☐ Ch	ange 🔲 Addition 🤇
NAME CENTER ADODESE	FERGUSON, FRANCES	L	2.2 NAME				
STREET ADDRESS	POST OFFICE BOX 1686 N/A OCALA FL	1	2.3 STHEET	ADDRESS			1
CITY - ST - ZIP TITLE	OUALA FL	C De tre	2 4 CITY - 9	7-719			
NAME	DELETE		3 1 TITLE			☐ Ch	ange 🔲 Addition
			3.2 NAME				
STREET ADDRESS CITY-ST-ZIP			33 STREE				
TIFLE		☐ DELETE	3 4 CITY - S	T - ZIP			
NAME		[] percit	4. 1 Till E			☐ Ch	ange 🔲 Addition
STREET ADDRESS			4.2 NAME				
			4.3 STREET				
TITLE	<u></u>	☐ DELETE	4.4 CITY - S	T - 71P			
NAME			5 1 TITLE			☐ Cha	ange
STREET ADDRESS			5.2 NAME	ADDDECC			
CITY-ST-ZIP			5 3 STREFT	1			1
TITLE		DELETE	5.4 CITY - S	I · ZIP			
NAME	L) bettere		6 1 TIFLE			☐ Cha	ange 🗌 Addition
STREET ADDRESS			6 2 NAME	*ODDGCOD			
CITY-ST-ZIP			63 STHEET				
	certify that the information supplied w	ath this filing is voluntarily for	6.4 City - S hished and does	not qualify fo	r the exemption stated in Section 4.10	07/2012	200

14. To thereby 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 it 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

4-4-96 352-738-7155