

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

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PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 267766 (4)**  
 1. Corporation Name  
**COX LUMBER CO.**

Principal Place of Business <b>3300 FAIRFIELD AVENUE S                  ST. PETERSBURG, FL 33712</b>	Mailing Address <b>3300 FAIRFIELD AVENUE S                  ST. PETERSBURG, FL 33712</b>
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3. Date Incorporated or Qualified <b>03/07/1963</b>		3a. Date of Last Report <b>05/01/95</b>	
2. Principal Place of Business 21		4. FEI Number <b>59-0999516</b>	
2a. Mailing Address 26		Applied For Not Applicable	
Suite, Apt. #, etc. 22		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 24	Country 25	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 29	Country 30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BRANDES, RUSSEL P.                  3300 FAIRFIELD AVENUE S                  ST. PETERSBURG, FL 33712</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of member, agent or officer of applicant) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIBBETTS, LINTON N.	1.2 NAME	
STREET ADDRESS	2928 68TH AVENUE S	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEHR, ROBERT E.	2.2 NAME	
STREET ADDRESS	12322 OAKS LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIBBETTS, PAULINE E.	3.2 NAME	
STREET ADDRESS	2928 68TH AVENUE S	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIBBETTS, DANIEL E	4.2 NAME	
STREET ADDRESS	363 PINELLAS BAYWAY #31	4.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIBBETTS, DAVID N	5.2 NAME	
STREET ADDRESS	4820 OLD FLORAL CTY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS, FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLIS, ARLEN E.	6.2 NAME	
STREET ADDRESS	6674 RIVER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL	6.4 CITY-ST-ZIP	

**900001828199**  
**-05/20/96--01020--017**  
**\*\*\*208.75**

*Handwritten signature/initials*

14. I do hereby 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 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:** *Robert E. Fehr Pres.* **4/29/96** **(813)327-4503**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**ROBERT E. FEHR, PRESIDENT**

CR2E034 (12/95)

267766

(2)

COX LUMBER CO.  
OFFICERS AND DIRECTORS

D  
BLOCK, CHARLES  
17383 KENNEDY DRIVE  
N REDINGTON BEACH, FL

VD  
HOOKER, DONNA E  
2900 WINN-MOR  
CLARKSVILLE, TN

VD  
BRANDES, MARY L  
729 SUWANNEE COURT NE  
ST. PETERSBURG, FL

DVT  
BRANDES, RUSSEL P  
729 SUWANNEE COURT NE  
ST. PETERSBURG, FL

VD  
QUESADA, JUAN B  
9620 59TH AVENUE N  
ST. PETERSBURG, FL

V  
MAHER, JOHN M.  
1045 N FAN PALM PT  
CRYSTAL RIVER, FL

V  
SHETLER, JOSEPH  
2617 CARTER GROVE CIRCLE  
WINDMERE, FL