

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 03 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 267766 (4)**  
 1. Corporation Name  
**COX LUMBER CO.**



Principal Place of Business: **3300 FAIRFIELD AVE. S. ST PETERSBURG FL 33712**  
 Mailing Address: **3300 FAIRFIELD AVE. S. ST PETERSBURG FL 33712-1818**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/07/1963</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-0999516</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BRANDES, RUSSEL P.</b> <b>3300 FAIRFIELD AVE SO.</b> <b>ST PETERSBURG FL 33712</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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

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

SIGNATURE: \_\_\_\_\_ **2-1-97** **818-327-4573**

CR2E034 (9/96)

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