

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90097 014 ***158.75

DOCUMENT # 267766

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0999516

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

BRANDES, RUSSEL P.
3300 FAIRFIELD AVE SO.
ST PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2006 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 | CD | <input type="checkbox"/> Delete |
| NAME | TIBBETTS, LINTON N | |
| STREET ADDRESS | 2928 68TH AVE. S | |
| CITY-ST-ZIP | ST PETERSBURG FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FEHR, ROBERT E | |
| STREET ADDRESS | 12322 OAKS LANE | |
| CITY-ST-ZIP | SEMINOLE FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | TIBBETTS, PAULINE E | |
| STREET ADDRESS | 2928 68TH AVE. S | |
| CITY-ST-ZIP | ST PETERSBURG FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | TIBBETTS, DANIEL E | |
| STREET ADDRESS | 363 PINELLAS BAYWAY #31 | |
| CITY-ST-ZIP | TIERRA VERDE FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | TILLIS, ARLEN E | |
| STREET ADDRESS | 6674 RIVER RD. | |
| CITY-ST-ZIP | NEW PT. RICHEY FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | QUESADA, JUAN B | |
| STREET ADDRESS | 7168 SO. SHORE DRIVE | |
| CITY-ST-ZIP | SO. PASADENA FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARY L. BRANDES | |
| STREET ADDRESS | 729 SUWANNEE COURT NE | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33702 | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DONNA E. HOOKER | |
| STREET ADDRESS | 3724 RIVERBROOK DRIVE | |
| CITY-ST-ZIP | LOUISVILLE TN. 37177 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NORRIS E. COUNTS | |
| STREET ADDRESS | 1791 TANGLEWOOD DRIVE NE | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33702 | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RUSSEL P. BRANDES | |
| STREET ADDRESS | 729 SUWANNEE COURT NE | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33712 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RAYMOND T. FAULKNER III | |
| STREET ADDRESS | 8249 SIQUITA DRIVE NE | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33702 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PERRY TIBBETTS | |
| STREET ADDRESS | 1861 59th ST. N | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33710 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Russel P. Brandes

Russel P. Brandes

2-23-06

727-327-9503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40031901

267766

Officers and Directors

| | |
|-----------------------|--------------------------|
| Title | V |
| Name | Joseph B. Shetler III |
| Street Address | 5165 Dover Street NE |
| City/State/Zip | St. Petersburg, FL 33703 |

☒ Addition

| | |
|-----------------------|--------------------------|
| Title | V |
| Name | Robert E. Fehr, Jr. |
| Street Address | 2222 1st Street N |
| City/State/Zip | St. Petersburg, FL 33704 |

☒ Addition

| | |
|-----------------------|---------------------|
| Title | V |
| Name | Richard J. Martin |
| Street Address | 14066 81st Avenue N |
| City/State/Zip | Seminole, FL 33776 |

☒ Addition

| | |
|-----------------------|-------------------|
| Title | V |
| Name | Russ Hallenbeck |
| Street Address | 609 Strihal Loop |
| City/State/Zip | Oakland, FL 34787 |

☒ Addition