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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **275317** **(6)**

1. Corporation Name
COX LUMBER CO OF INVERNESS

Principal Place of Business	Mailing Address
315 U.S. HIGHWAY 41 SOUTH INVERNESS FL 32650	3300 FAIRFIELD AVE. S ST PETERSBURG FL 33712-1818

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **11/01/1963**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-1026548** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	ASST. S	☐ Change XX Addition
NAME	TIBBETTS, LINTON N.		1.2 NAME	BRANDES, MARY L.	
STREET ADDRESS	2928 68TH AVE. S.		1.3 STREET ADDRESS	729 SUWANNEE CT. NE	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☐ Change XX Addition
NAME	FEHR, ROBERT E.		2.2 NAME	MAHER, JOHN M.	
STREET ADDRESS	12322 OAKS LANE		2.3 STREET ADDRESS	1045 N. FAN PALM PT.	
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	SDT	☐ DELETE	3.1 TITLE	D	☐ Change XX Addition
NAME	TIBBETTS, PAULINE E.		3.2 NAME	HOOKER, DONNA	
STREET ADDRESS	2928 68TH AVE. S.		3.3 STREET ADDRESS	2900 WINN-MOR	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	CLARKSVILLE TN	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TIBBETTS, DANIEL E.		4.2 NAME		
STREET ADDRESS	363 PINELLAS BAYWY #31		4.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDES FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TIBBETTS, DAVID N.		5.2 NAME		
STREET ADDRESS	4820 OLD FLORAL CITY RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRANDES, RUSSEL P.		6.2 NAME		
STREET ADDRESS	729 SUWANEE COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: RUSSEL P BRANDES 2-7-97 813-323-4603