

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
315 U.S. HIGHWAY 41 SOUTH
INVERNESS FL 33850

Mailing Address
3300 FAIRFIELD AVE. S
ST PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/01/1963	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1026548	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Russel P. Brandes v/pres DATE _____
Signature typed or printed name of registered agent and filed application (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	TIBBETTS, LINTON N.	1.2 NAME	ASST. S
STREET ADDRESS	2928 68TH AVE. S.	1.3 STREET ADDRESS	BRANDES, MARY L.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	729 SUWANNEE CT. NE
TITLE	VD	2.1 TITLE	ST. PETERSBURG FL
NAME	FEHR, ROBERT E.	2.2 NAME	D
STREET ADDRESS	12322 OAKS LANE	2.3 STREET ADDRESS	MAHER, JOHN M.
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	1045 N. FAN PALM PT.
TITLE	SDT	3.1 TITLE	CRYSTAL RIVER FL
NAME	TIBBETTS, PAULINE E.	3.2 NAME	D
STREET ADDRESS	2928 68TH AVE. S.	3.3 STREET ADDRESS	HOOKER, DONNA E.
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	1924 HIGHWAY 76
TITLE	VD	4.1 TITLE	ADAMS TN 37010
NAME	TIBBETTS, DANIEL E.	4.2 NAME	
STREET ADDRESS	363 PINELLAS BAYWAY #31	4.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDES FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
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	6.1 TITLE	
NAME	BRANDES, RUSSEL P.	6.2 NAME	
STREET ADDRESS	729 SUWANNEE COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE: Robert E. Fehr 4/29/98

CR2E034 (10/97)