

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90076 047 \*\*\*158.75

DOCUMENT # 275317

1. Corporation Name  
COX LUMBER CO OF INVERNESS

Principal Place of Business  
315 U.S. HIGHWAY 41 SOUTH  
INVERNESS FL 32650

Mailing Address  
3300 FAIRFIELD AVE. S  
ST PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/01/1963

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME TIBBETTS, LINTON N.  
STREET ADDRESS 2928 68TH AVE. S.  
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME FEHR, ROBERT E.  
STREET ADDRESS 12322 OAKS LANE  
CITY-ST-ZIP SEMINOLE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SDT  
NAME TIBBETTS, PAULINE E.  
STREET ADDRESS 2928 68TH AVE. S.  
CITY-ST-ZIP ST. PETERSBURG FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD  
NAME TIBBETTS, DANIEL E.  
STREET ADDRESS 363 PINELLAS BAYWAY #31  
CITY-ST-ZIP TIERRA VERDE FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VD  
NAME TIBBETTS, DAVID N.  
STREET ADDRESS 4820 OLD FLORAL CITY RD.  
CITY-ST-ZIP INVERNESS FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VD  
NAME BRANDES, RUSSEL P.  
STREET ADDRESS 729 SUWANEE COURT  
CITY-ST-ZIP ST. PETERSBURG FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Fehr, V.P.

Date

Daytime Phone #

CR2E034 (11/98)