

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # 318730 (9)**

1. Corporation Name

**LITRELL LUMBER COMPANY**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 AM 8:47

Principal Place of Business

2100 3RD AVE. SO.  
ST PETERSBURG FL 33712

Mailing Address

2100 3RD AVE. SO.  
ST PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/11/1967

3a. Date of Last Report

06/28/1994

4. FEI Number

59-1169107

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCLELLAND, ROBERT L.  
8462 8TH WAY NORTH  
ST. PETERSBURG FL 33702

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 the applicable

(NOTE: Registered Agent Signature required when restate)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

ZIMMER, MARIAN L.

STREET ADDRESS

4219 28TH AVE N

CITY- ST- ZIP

ST PETERSBURG FL

TITLE

EVP

NAME

LONG, GERMAINE W

STREET ADDRESS

P. O. BOX 1116 N/A

CITY- ST- ZIP

CASHIERS NC

TITLE

P

NAME

MCCLELLAND, ROBERT L.

STREET ADDRESS

8462-8TH WAY NORTH

CITY- ST- ZIP

ST PETERSBURG FL

TITLE

ST

NAME

REBER, DORIS B.

STREET ADDRESS

10153-95TH ST., NORTH

CITY- ST- ZIP

LARGO FL

TITLE

AVP

NAME

GREEN, LOUIS F.

STREET ADDRESS

7014 21ST STREET, NORTH

CITY- ST- ZIP

ST. PETERSBURG FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Robert L. McClelland Robert L. McClelland

Jan 31, 1995 (813) 822-4555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)