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Feb 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 318730

(9)

1. Corporation Name
LITRELL LUMBER COMPANY



Principal Place of Business

4219 28TH AVENUE NORTH
ST PETERSBURG FL 33710

Mailing Address

4219 28TH AVENUE NORTH
ST PETERSBURG FL 33713-2232

3. Date Incorporated or Qualified

07/11/1967

3a. Date of Last Report

01/13/1997

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

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

ZIMMER, MARIAN L
4219 28TH AVENUE NORTH
ST. PETERSBURG FL ~~33710~~ 33713-2232

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ZIMMER, MARIAN L
STREET ADDRESS 4219 28TH AVE N
CITY-ST-ZIP ST PETERSBURG FL ~~33710~~ 33713-2232

TITLE EVP
NAME LONG, GERMAINE W
STREET ADDRESS P. O. BOX 1116 N/A
CITY-ST-ZIP CASHIERS NC 28717

TITLE D
NAME TAYLOR, KIRBY L
STREET ADDRESS ~~8300 CHARTER CLUB CIRCLE~~
CITY-ST-ZIP ~~FT. MYERS FL 33910~~

TITLE D
NAME BENZ, BOBBY JEAN
STREET ADDRESS ~~4882 GREEN GROVE ROAD~~
CITY-ST-ZIP ~~SARASOTA FL 34235~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
ZIP Code change ☒ Change ☐ Addition
33713-2232

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
ZIP Code change ☒ Change ☐ Addition
28717

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Address change ☒ Change ☐ Addition
13391 Gateway DR. # 112
Ft. Myers, FL. 33919

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Address change ☒ Change ☐ Addition
8864 Wild Dunes Dr.
Sarasota, FL. 34241

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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: *Marian L. Zimmer* 2/4/97 (813) 5224628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007818

CR2E034 (9/96)