

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **438810** (4)

1. Corporation Name  
**JACK B. THIGPEN LUMBER COMPANY, INC.**



Principal Place of Business: **P.O. BOX 185, 8 MAIN ST., CHATTAHOOCHEE FL 32324**  
Mailing Address: **P.O. BOX 185, 8 MAIN ST., CHATTAHOOCHEE FL 32324**

3. Date Incorporated or Qualified: **10/25/1973**  
3a. Date of Last Report: **01/26/1995**  
4. FEI Number: **59-1516822**  
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

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

**9. Name and Address of Current Registered Agent**

**THIGPEN, JACK B.  
8 MAIN STREET  
CHATTAHOOCHEE FL 32324**

**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 607.0509 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 of the person making this statement (Director, Officer, or Registered Agent)

Signature of the Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	PD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	THIGPEN, JACK B.	12. NAME	
13. STREET ADDRESS	8 MAIN ST.	13. STREET ADDRESS	
14. CITY, STATE	CHATTAHOOCHEE FL	14. CITY, STATE, ZIP	
15. TITLE	SD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	THIGPEN, ANNETTE	22. NAME	
17. STREET ADDRESS	8 MAIN STREET	23. STREET ADDRESS	
18. CITY, STATE, ZIP	CHATTAHOOCHEE FL	24. CITY, STATE, ZIP	
19. TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		32. NAME	
21. STREET ADDRESS		33. STREET ADDRESS	
22. CITY, STATE, ZIP		34. CITY, STATE, ZIP	
23. TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME		42. NAME	
25. STREET ADDRESS		43. STREET ADDRESS	
26. CITY, STATE, ZIP		44. CITY, STATE, ZIP	
27. TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		52. NAME	
29. STREET ADDRESS		53. STREET ADDRESS	
30. CITY, STATE, ZIP		54. CITY, STATE, ZIP	
31. TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		62. NAME	
33. STREET ADDRESS		63. STREET ADDRESS	
34. CITY, STATE, ZIP		64. CITY, STATE, ZIP	

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 119.07(3)(g), 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: *Jack B. Thigpen, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96  
DATE

9646634396  
FILING NUMBER

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