

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

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**95 APR 18 PM 5:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

**DOCUMENT # 439711 (3)**

1. Corporation Name  
**DESTIN LUMBER AND SUPPLY COMPANY, INC.**

Principal Place of Business Mailing Address

~~MMX-00-E~~  
~~DESTIN FL 32571~~  
US

P.O. BOX 368  
NICEVILLE FL 32568-0368

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/13/1973** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1520491** 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 2a. Mailing Address

21 **500 Niceville Av.** 26

22 Suite, Apt. #, etc. 27

23 **Niceville, Fl.** 28

24 **32578** 25 **OKALOOSA** 29 **FL** 30

9. Name and Address of Current Registered Agent

**PAULK, LARRY E  
202 E NATHEY ST  
NICEVILLE FL 32578**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (print or printed name of registered agent and filer if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VPD</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAULK, MICHEL</b>	2. NAME	
STREET ADDRESS	<b>202 NATHEY</b>	3. STREET ADDRESS	
CITY - ST - ZIP	<b>NICEVILLE FL 32578</b>	4. CITY - ST - ZIP	
TITLE	<b>PD</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCALL, R.T.</b>	22. NAME	
STREET ADDRESS	<b>RT. 6, BOX 54 PINEHILL ROAD</b>	23. STREET ADDRESS	
CITY - ST - ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>	24. CITY - ST - ZIP	
TITLE	<b>D</b>	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUPPLE, WILBUR N.</b>	32. NAME	
STREET ADDRESS	<b>45 LAKESHIDE DRIVE</b>	33. STREET ADDRESS	
CITY - ST - ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>	34. CITY - ST - ZIP	
TITLE	<b>VPD</b>	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAULK, LARRY E</b>	42. NAME	
STREET ADDRESS	<b>202 NATHEY</b>	43. STREET ADDRESS	
CITY - ST - ZIP	<b>NICEVILLE FL</b>	44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - 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 110.07(3)(k), 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: Larry E. Paulk 4/01/95 1-904-678-5186

SIGNATURE AND TITLE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Typed Name)

**LARRY E. PAULK, VPD**