

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

FILED
Mar 17 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 # 552341 (0)

1. Corporation Name
GREENWOOD TIMBER PRODUCTS, INC.

Principal Place of Business U.S. HIGHWAY NO. 90 WEST STATE ROAD 10, ONE MILE WEST GREENVILLE GREENVILLE FL 32331	Mailing Address P O BOX 1854 PERRY FL 32348-7854 US
---	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 GREENWOOD TIMBER PRODUCTS, INC. 27 Suite, Apt. #, etc. 27 P.O. Box 147 28 City & State 28 GREENVILLE, FL 29 Zip 29 32331 30 Country 30 USA
---	--

3. Date Incorporated or Qualified 12/01/1977	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1781162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent SHERRROD, BOBBIE J. U.S. HIGHWAY NO. 90 WEST STATE ROAD 10, ONE MILE WEST GREENVILLE GREENVILLE FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
--	--

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERROD, BOBBIE J	12 NAME	
STREET ADDRESS	RT 3 BOX 244-F	13 STREET ADDRESS	
CITY-ST-ZIP	MADISON, FL 00000	14 CITY-ST-ZIP	ZIP 32340
TITLE	VD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERROD, HUBERT L.	22 NAME	
STREET ADDRESS	CORNER SANDY FORD	23 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE FL	24 CITY-ST-ZIP	ZIP 32331
TITLE	SD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTO, DARROW E.	32 NAME	
STREET ADDRESS	US. 221 N ONE MILE	33 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE FL	34 CITY-ST-ZIP	ZIP 32331
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, RALPH R.	42 NAME	
STREET ADDRESS	HOLT ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	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 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: _____

3-13-97

CR2E034 (9/96)