

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **650211 (6)**

95 APR -4 PM 7:19

1. Corporation Name
FLETCHER-WILLIS LUMBER CO.

Principal Place of Business: **CORNER OF EAST EIGHTH STREET AND GADSDEN AVENUE GREENSBORO FL 32330**

Mailing Address: **CORNER OF EAST EIGHTH STREET AND GADSDEN AVENUE GREENSBORO FL 32330**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/01/1980** 3a. Date of Last Report: **03/17/1994**

4. FEI Number: **59-1963273** 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 [] 2a. Mailing Address: 26 []

Suite, Apt. #, etc.: 22 [] Suite, Apt. #, etc.: 27 []

City & State: 23 [] City & State: 28 []

Zip: 24 [] Country: 25 [] Zip: 29 [] Country: 30 []

9. Name and Address of Current Registered Agent

**WILLIS WE JR
PO BOX 97 CNRTY RD 274
GREENSBORO, FL
32330**

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **D**
NAME: **WILLIS, W E SR**
STREET ADDRESS: **PO BOX 97 GADSDEN AVE**
CITY - ST - ZIP: **GREENSBORO, FL 00000**

TITLE: **PD**
NAME: **WILLIS, WILLIAM E JR**
STREET ADDRESS: **PO BOX 97 RD 274**
CITY - ST - ZIP: **GREENSBORO, FL 00000**

TITLE: **VD**
NAME: **HOOD, SUZANNE F**
STREET ADDRESS: **HAVANA HWY 12**
CITY - ST - ZIP: **QUINCY, FL 00000**

TITLE: **ST**
NAME: **WAGNER, HARRIET O**
STREET ADDRESS: **RD 379 (RT. 1 BOX 310)**
CITY - ST - ZIP: **QUINCY FL**

TITLE: **D**
NAME: **FLETCHER, E H**
STREET ADDRESS: **225 ALBA STREET**
CITY - ST - ZIP: **QUINCY, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: [] Change [] Addition
1.2 NAME: []
1.3 STREET ADDRESS: []
1.4 CITY - ST - ZIP: []

2.1 TITLE: [] Change [] Addition
2.2 NAME: []
2.3 STREET ADDRESS: []
2.4 CITY - ST - ZIP: []

3.1 TITLE: [] Change [] Addition
3.2 NAME: []
3.3 STREET ADDRESS: []
3.4 CITY - ST - ZIP: []

4.1 TITLE: [] Change [] Addition
4.2 NAME: []
4.3 STREET ADDRESS: []
4.4 CITY - ST - ZIP: []

5.1 TITLE: [] Change [] Addition
5.2 NAME: []
5.3 STREET ADDRESS: []
5.4 CITY - ST - ZIP: []

6.1 TITLE: [] Change [] Addition
6.2 NAME: []
6.3 STREET ADDRESS: []
6.4 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 119.07(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: William E. Willis, Jr. 4-1-95 (904) 442-6121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR Date Telephone