

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 650211 (6)

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/01/1980

3a. Date of Last Report

04/04/1995

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

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

1. TITLE ☐ DELETE

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

2. TITLE ☐ DELETE

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

3. TITLE ☐ DELETE

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

4. TITLE ☐ DELETE

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

5. TITLE ☐ DELETE

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

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

2. 1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

3. 1. TITLE ☐ Change ☐ Addition

3. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

4. 1. TITLE ☐ Change ☐ Addition

4. NAME

4. STREET ADDRESS

4. CITY - ST - ZIP

5. 1. TITLE ☐ Change ☐ Addition

5. NAME

5. STREET ADDRESS

5. CITY - ST - ZIP

6. 1. TITLE ☐ Change ☐ Addition

6. NAME

6. STREET ADDRESS

6. 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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-96

Date

(904) 442-6121
Daytime Phone #

CR2E034 (12/95)