

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90033 006 \*\*\*150.00

DOCUMENT # 650211

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

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

WILLIS, W.E. 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD ☒ DELETE  
NAME HOOD, SUZANNE  
STREET ADDRESS HAVANA HWY 12  
CITY-ST-ZIP QUINCY FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Max Fletcher  
4.3 STREET ADDRESS 113 N. Madison St.  
4.4 CITY-ST-ZIP Quincy, Fla. 32351

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-99

Date

(850) 442-6121

Daytime Phone #

CR2E034 (1/98)