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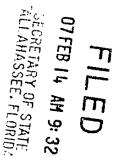
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WELLBORN FOREST PRODUCTS, INC.
(Name of Corporation)
DOCUMENT NUMBER: F04000005525
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DON MURPHY, CPA
(Name of Person)
BARFIELD, MURPHY, SHANK, & SMITH, P.C.
(Firm/Company)
1121 RIVERCHASE OFFICE ROAD
(Address).
BIRMINGHAM, AL 35244
(City/State and Zip code)
For further information concerning this matter, please call:
DON MURPHY, CPA at (205) 982-5500
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

WELLBORN FOREST PRODUCTS, INC.
(Name of Corporation)
F0400005525
(Document Number of Corporation (if known)
ALABAMA
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and herel voluntarily surrenders its authority to transact business or conduct affairs in Florida. This corporation revokes the authority of its registered agent in Florida to accept service of process based on a cause of action arising during time it was authorized to transact business or conduct affairs in Florida. The following is a current mailing address for the corporation: 2212 AIRPORT BLVD. (Mailing Address)
ALEVANDED CITY AL 35010
ALEXANDER CITY, AL 35010 (City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date) The corporation agrees to notify the Department of State in the future of any change in its mailing address. (Date)
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35