2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F92000000626

1. Entity Name
FULGHUM FIBRES, INC.

Principal Place of Business	Mailing Address
3604 WHEELER RD AUGUSTA, GA 30909 US	P O BOX 15395 AUGUSTA, GA 30919 US

04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1851973
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	FULGHUM, O T JR
STREET ADDRESS	3337 WALTON WAY
CITY-ST-ZIP	AUGUSTA, GA
TITLE	V
NAME	HAUFF, ANTHONY M
STREET ADDRESS	355 CAMBRIDGE WAY
CITY-ST-ZIP	MARTINEZ, GA
TITLE	S
NAME	KING, JUDY A
STREET ADDRESS	322 SUGARCREED DR
CITY-ST-ZIP	GROVETOWN, GA
TITLE	P
NAME	WELLS, H H
STREET ADDRESS	2372 SYLVAN GROVE RD
CITY-ST-ZIP	STAPLETON, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judy A. King Judy A. King Secretary 4/15/03 706-651-1011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #