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FILED

Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000000915 (6)

1. Corporation Name

CANAL WOOD CORPORATION OF AUGUSTA



Principal Place of Business

2431 HWY 501, PO BOX 260001  
CONWAY SC 29526-2601

Mailing Address

2431 HWY 501, PO BOX 260001  
CONWAY SC 29526

3. Date Incorporated or Qualified

02/22/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

58-1275106

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

9. Name and Address of Current Registered Agent

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

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

TITLE	DV	<input type="checkbox"/> DELETE
NAME	GODFREY, CHARLES W	
STREET ADDRESS	2431 HWY 501, PO BOX 260001	
CITY-ST-ZIP	CONWAY SC 29526-2601	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KENDALL, WORTH A	
STREET ADDRESS	9140 ARROWPOINT BLVD #370	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PERRY, E OWEN III	
STREET ADDRESS	1226B W WHEELER PKWY, PO BOX 15147	
CITY-ST-ZIP	AUGUSTA GA 30919	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RANDOLPH, DEBRA	
STREET ADDRESS	2431 HWY 501, PO BOX 260001	
CITY-ST-ZIP	CONWAY SC 29526-2601	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STOWE, HAROLD C	
STREET ADDRESS	2431 HWY 501, PO BOX 260001	
CITY-ST-ZIP	CONWAY SC 29526-2601	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, SHARON C	
STREET ADDRESS	2431 HWY 501, PO BOX 260001	
CITY-ST-ZIP	CONWAY SC 29526-2601	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: Sharon C. Smith Sharon C. Smith, Corp. Sec. 2-3-97 803-347-4251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)