

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 29526-2601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1996

4. FEI Number

58-1275106

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 DV
NAME GODFREY, CHARLES W
STREET ADDRESS 2431 HWY 501, PO BOX 260001
CITY-ST-ZIP CONWAY SC 29526-2601
☒ DELETE

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

TITLE DV
NAME KENDALL, WORTH A
STREET ADDRESS 9140 ARROWPOINT BLVD #370
CITY-ST-ZIP CHARLOTTE NC 28217
☐ DELETE

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

TITLE DP
NAME PERRY, E OWEN III
STREET ADDRESS 12268 W WHEELER PKWY, PO BOX 15147
CITY-ST-ZIP AUGUSTA GA 30919
☐ DELETE

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

TITLE V
NAME RANDOLPH, DEBRA
STREET ADDRESS 2431 HWY 501, PO BOX 260001
CITY-ST-ZIP CONWAY SC 29526-2601
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE V
NAME STOWE, HAROLD C
STREET ADDRESS 2431 HWY 501, PO BOX 260001
CITY-ST-ZIP CONWAY SC 29526-2601
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
V/D
☒ Change ☐ Addition

TITLE S
NAME SMITH, SHARON C
STREET ADDRESS 2431 HWY 501, PO BOX 260001
CITY-ST-ZIP CONWAY SC 29526-2601
☐ DELETE

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

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.

SIGNATURE: S. SMITH, SHARON C. Smith, Secretary 9-2-98 843-347-4251

CR2E034 (5/98)