2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F96000003653

1. Entity Name
FULGHUM FIBRES FLORIDA, INC.

Principal Place of Business	Mailing Address
PO BOX 15395 AUGUSTA, GA 30919-1395	PO BOX 15395 AUGUSTA, GA 30919-1395

DO NOT WRITE IN THIS SPACE

04152004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-2366364
☐ 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	DC
NAME	FULGHUM, O T JR
STREET ADDRESS	3604 WHEELER RD
CITY-ST-ZIP	AUGUSTA, GA 30909
TITLE	DP
NAME	WELLS, H HEYWARD JR
STREET ADDRESS	3604 WHEELER RD
CITY-ST-ZIP	AUGUSTA, GA 30909
TITLE	ST
NAME	KING, JUDY A
STREET ADDRESS	3604 WHEELER RD
CITY-ST-ZIP	AUGUSTA, GA 30909
TITLE	V
NAME	HAUFF, ANTHONY M
STREET ADDRESS	3604 WHEELER RD
CITY-ST-ZIP	AUGUSTA, GA 30909
TITLE	D
NAME	HARVEY, FRED K JR
STREET ADDRESS	190 E 7TH ST
CITY-ST-ZIP	LOUISVILLE, GA 30434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000149845
05/03/04-80203-004 150.00

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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 4/15/04 706-651-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #