

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90095 015 ***150.00

DOCUMENT # F97000003790

1. Entity Name

TEXWOOD INDUSTRIES, INC.

Principal Place of Business

Mailing Address

515 BIG STONE GAP RD
 DUNCANVILLE TX 75137
 US

21001 VAN BORN RD
 TAYLOR MI 48180-1340
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Duncanville, TX

City & State

4. FEI Number

38-3363271

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Delete
NAME	KENNEDY, RAYMOND	
STREET ADDRESS	21001 VAN BORN RD.	
CITY-ST-ZIP	TAYLOR MI 48180	
TITLE	VTDA	<input type="checkbox"/> Delete
NAME	MOSTELLER, RICHARD G	
STREET ADDRESS	21001 VAN BORN RD.	
CITY-ST-ZIP	TAYLOR MI 48180	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GARGARO, EUGENE A JR	
STREET ADDRESS	21001 VAN BORN RD.	
CITY-ST-ZIP	TAYLOR MI 48180	
TITLE	V	<input type="checkbox"/> Delete
NAME	DORAN, DAVID A	
STREET ADDRESS	21001 VAN BORN RD.	
CITY-ST-ZIP	TAYLOR MI 48180	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEEKLEY, JOHN R	
STREET ADDRESS	21001 VAN BORN RD.	
CITY-ST-ZIP	TAYLOR MI 48180	
TITLE	P	<input type="checkbox"/> Delete
NAME	LADD, C F	
STREET ADDRESS	515 BIG STONE GAP RD	
CITY-ST-ZIP	DUNCANVILLE TX 75137	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V-T-AS-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob C. Ladd	
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Doran 4/27/00 313/792-6162

Date

Daytime Phone #

CFR2E034 (9/99)