FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000006696

2. Principal Place of Business

CANAL WOOD CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 260001	P.O. BOX 260001
CONWAY SC 29528	CONWAY SC 29528

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90077 007 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

12/09/1998

4. FEI Number

21		26			57-0518050		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	_ \$	8.75 A Fee Re		
22 City 8 Sto	.	City & State			5. Election Compaign Financing		15.00	May Do	
City & Sta	ie .	⊢ ′			6. Election Campaign Financing Trust Fund Contribution		\$5.00 : Added to		
23 Zin	Country	Zip	Country		8. This corporation owes the curre	nt vear Intangi			
Zip		— · -	¬ ′		Personal Property Tax.			□No	
24	25 Address of Current	<u> </u>	<u> </u>		10. Name and Address of New R	<u> </u>			
Name and Address of Current Registered Agent				Name					
C T CORPORATION SYSTEM									
1200 SOUTH PINE ISLAND ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324			83		PAGE 1 819				
			84	City		FL 8	5 Zip C	ode	
			the above	namad aa	rporation submits this statement for the p		nging its	registered	
office or	registered agent, or both, in the State o	if Florida. Such change was auti	norized by	tne corpora	tion's board of directors. I hereby accep	t the appointme	ent as req	jistered	
agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes.						
SIGNATURE						DATE			
	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	egistered Agen	t signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF		IRECTO	RS IN 12	
12.	OFFICERS AND	DELETE	1.1 TITLE		V/D/C		Change	X Addition	
TITLE	ICVD	- DELETE			• •			A-	
NAME	STOWE, HAROLD C		1.2 NAME		Jerry Lowe				
STREET ADDRESS	2431 HWY 501 EAST		1.3 STREET		2431 Hwy. 501				
CITY-ST-ZIP	CONWAY SC 29528	- Doctore	1.4 CiTY-ST		Conway, SC 29528		Change	x Addition	
TITLE	PD	☐ DELETE	2.1 TITLE		S		Onlango	X	
NAME	KENDALL, WORTH A		2.2 NAME		Sharon C. Smith				
STREET ADDRESS	2431 HWY 501 EAST		2.3 STREET	ADDRESS	2431 Hwy. 501				
CITY-ST-ZIP	CONWAY SC 29528		2.4 CITY-S	T-ZIP	Conway; SC 29528		Channa	☐ Addition	
TITLE	V	☐ DELETE	3.1 TITLE	'	V/T/D		Change	X Addition	
NAME	BARFIELD, JOHN W		3.2 NAME	١.	Jeff M. Miller, III				
STREET ADDRESS	2431 HWY 501 EAST		3.3 STREET	ADDRESS	2431 Hwy. 501				
CITY-ST-ZIP	CONWAY SC 29528		3.4. CITY-S	T-ZIP (Conway, SC 29528				
TITLE	V	☐ DELETE	4.1 TITLE	1	D	Ш	Change	X Addition	
NAME	PERRY, E. OWEN III		4. 2 NAME		Ron D. Welchel				
STREET ADDRESS	2431 HWY 501 EAST		4.3 STREET		2431 Hwy. 501				
CITY-ST-ZIP	CONWAY SC 29528		4.4 CITY-S		Conway, SC 29528				
TITLE	V	☐ DELETE	5.1 TITLE		V		Change	X Addition	
NAME	PRIDGEN, JAMES P		5.2 NAME		W. Allen McCall				
STREET ADDRESS	2431 HWY 501 EAST		5.3 STREET		19498 Hoffmeyer Rd.				
CITY-ST-ZIP	CONWAY SC 29528		5.4 CITY-S		Florence, SC 29502				
TITLE	V	XX DELETE	6.1 TITLE				Change	☐ Addition	
NAME	RANDOLPH, DEBRA S	ı	6.2 NAME						
!	2431 HWY 501 EAST		6.3 STREET	ADDRESS					
CITY-ST-ZIP	CONWAY SC 29528		6.4 CITY-S	r-ZiP					
UIT-SI-ZIP	DOINT 00 23020				Costian 110 07/2\/i\ Florida Statutos I	further and for	hat tha i	eformation	

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 informatic 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, with all other like empowered.

SIGNATUSE REDUIRED Sharon C. Smith, Secretary
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date