

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006696

1. Entity Name

CANAL WOOD CORPORATION

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90013 040 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 260001  
CONWAY SC 29528

P.O. BOX 260001  
CONWAY SC 29528-6001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 57-0518050

Applied For  
Not Applicable

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	CVD	<input checked="" type="checkbox"/> Delete
NAME	LOWE, JERRY	
STREET ADDRESS	2431 HWY 501 EAST	
CITY-ST-ZIP	CONWAY SC 29528	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MILLER, JEFF M III	
STREET ADDRESS	2431 HWY 501 EAST	
CITY-ST-ZIP	CONWAY SC 29528	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELCHEL, RON D	
STREET ADDRESS	2431 HWY 501 EAST	
CITY-ST-ZIP	CONWAY SC 29528	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCALL, W A	
STREET ADDRESS	19498 HOFFMEYER RD	
CITY-ST-ZIP	FLORENCE SC 29502	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRIDGEN, JAMES P	
STREET ADDRESS	2431 HWY 501 EAST	
CITY-ST-ZIP	CONWAY SC 29528	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, SHARON	
STREET ADDRESS	2431 HWY 501 EAST	
CITY-ST-ZIP	CONWAY SC 29528	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stowe, Harold C.	
STREET ADDRESS	2431 Hwy. 501	
CITY-ST-ZIP	Conway, SC 29526	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McMahan, Gary D.	
STREET ADDRESS	2431 Hwy. 501	
CITY-ST-ZIP	Conway, SC 29526	
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barfield, John W.	
STREET ADDRESS	2 Davis Dr., Ste 2	
CITY-ST-ZIP	Morrilton, AR 72110	
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Forlaw, David T.	
STREET ADDRESS	4206 Hwy. 39N	
CITY-ST-ZIP	Meridian, MS 39301	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leynes, George R.	
STREET ADDRESS	1226 W. Wheeler Pkwy.	
CITY-ST-ZIP	Augusta, GA 30919	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stone, Dennis H.	
STREET ADDRESS	308 E. 5th St.	
CITY-ST-ZIP	Lumberton, NC 28358	

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:

*Sharon C. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon C. Smith

2-7-00

843-347-4251

Date

Daytime Phone #

CR2E034 (9/99)