

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

**FILED**

**Mar 19 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # H63084 (8)**

**1. Corporation Name  
NORTH BAY HARDWARE & LUMBER COMPANY**



**Principal Place of Business Mailing Address  
ROUTE ONE, BOX 839 NICEVILLE FL 32578 ROUTE ONE, BOX 839 NICEVILLE FL 32578-9801**

**3. Date Incorporated or Qualified 06/20/1985 3a. Date of Last Report 03/19/1996**  
**4. FEI Number 59-2545903 Applied For Not Applicable**  
**5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required**  
**6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees**  
**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No**

**2. Principal Place of Business 21. 4690 Hwy 20 State, Apt. # etc. 22. City & State 23. Zip Country 24. 25. 26. 4690 Hwy 20 State, Apt. # etc. 27. City & State 28. Zip Country 29. 30.**

**9. Name and Address of Current Registered Agent  
BROWN, TIMOTHY  
4690 HWY. 20, RT. 1, BOX 839  
NICEVILLE FL 32578**

**10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 delete RT 1 box 939  
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 understand and accept the obligations of Section 607.0505, Florida Statutes.**

**SIGNATURE** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	STALLWORTH, JOHN D., JR.	1.2 NAME	
STREET ADDRESS	ROUTE ONE, BOX 83	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINTER AL	1.4 CITY-ST-ZIP	
TITLE	STD [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	STALLWORTH, STEVEN C.	2.2 NAME	
STREET ADDRESS	ROUTE ONE, BOX 160	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINEAPPLE AL	2.4 CITY-ST-ZIP	
TITLE	D [ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	JOHNSON, WILLIAM H., JR.	3.2 NAME	
STREET ADDRESS	BRIDGEPORT ESTATES	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAMDEN AL	3.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14. I do hereby certify that the information furnished 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: X John D. Stallworth, Jr. John D. Stallworth, Jr. X 3/15/97 X (334) 872-4852**

CR2E034 (9/96)