2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # K65457

1. Entity Name
SUWANNEE LUMBER CO.

Principal Place of Business	Mailing Address
US 19 & 351-A/PO BOX 5090 CROSS CITY, FL 32628 US	US 19 & 351-A/PO BOX 5090 CROSS CITY, FL 32628 US

04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1130215
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DICKERT, DANIEL
U.S. 19 & 351 A
CROSS CITY, FL 32628

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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

000000135564
04Z8704-80065-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DICKERT, DANIEL
STREET ADDRESS	US 19 & 351A
CITY-ST-ZIP	CROSS CITY, FL
TITLE	C
NAME	FAIRCLOTH, FRANK B
STREET ADDRESS	P O BOX 2025
CITY-ST-ZIP	PERRY, FL
TITLE	SVP
NAME	FOLEY, MICHAEL
STREET ADDRESS	P.O. BOX 1345 (N/A)
CITY-ST-ZIP	LARGO, FL
TITLE	DVP
NAME	FAIRCLOTH, JOHN J.
STREET ADDRESS	402 NORTH HOWARD AVE.
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 alteration designating me as empowered.

SIGNATURE: Daniel Dickert VP 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #