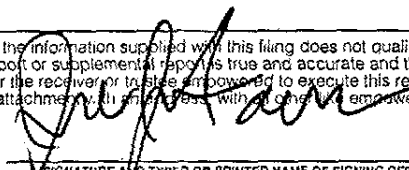


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # K65457			
1. Entity Name SUWANNEE LUMBER CO.			
Principal Place of Business US 19 & 351-A/PO BOX 5090 CROSS CITY, FL 32628 US		Mailing Address US 19 & 351-A/PO BOX 5090 CROSS CITY, FL 32628 US	
DO NOT WRITE IN THIS SPACE			
		04192004 No Chg-P CR2E034 (10/03)	
		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		DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	
10. OFFICERS AND DIRECTORS		U000000135564 04/28/04-80065-020 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DICKERT, DANIEL US 19 & 351A CROSS CITY, FL	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C FAIRCLOTH, FRANK B P O BOX 2025 PERRY, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP FOLEY, MICHAEL P.O. BOX 1345 (N/A) LARGO, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FAIRCLOTH, JOHN J. 402 NORTH HOWARD AVE. TAMPA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 reports 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 address with an officer empowered.			
SIGNATURE:  VPA		4/23/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	