FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL 10 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003450 (3)

1. Corporation Name
FLORIDA WOOD COUNCIL, INC.

Principal Place of Business	Mailing Address
1303 LIMIT AVENUE MOUNT DORA FL 32757	POST OFFICE 1076 MOUNT DORA FL 32757-1076

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report:
4. FEI Number: 59-3269612 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SUMMERS, GARY L. ESQ.
380 WEST ALFRED STREET
TAVARES FL 32778-3298

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	SAM DUNN	1.2 NAME	ROBERT PEARCE
STREET ADDRESS	415 ORANGE AVE	1.3 STREET ADDRESS	PO BOX 10415 900 W. 15TH ST
CITY-ST-ZIP	DAYTONA BEACH FL. 32114	1.4 CITY-ST-ZIP	WEST PALM BEACH 33419 RIVIERA BCH FL.
TITLE	PRESIDENT ELECT	2.1 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	TERRY BURCHAW	2.2 NAME	C. D. LIGHT GREEN ST. EXTENSION
STREET ADDRESS	13601 U.S. 41	2.3 STREET ADDRESS	PO BOX 829
CITY-ST-ZIP	SPRING HILL FL. 34610	2.4 CITY-ST-ZIP	WELDON N.C. 27890
TITLE	TREASURER	3.1 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	ROGERS B. HOLMES, JR.	3.2 NAME	KATHY HANK 2900 INDIAN ARM
STREET ADDRESS	6550 ROOSEVELT BLVD.	3.3 STREET ADDRESS	PO BOX 641700 KENNER LA 70065
CITY-ST-ZIP	JACKSONVILLE FL. 32244	3.4 CITY-ST-ZIP	KENNER LA 70064-1700
TITLE	ASST. TREASURER	4.1 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	WILLIAM B. CARRON	4.2 NAME	ROGER LEVASSEUR
STREET ADDRESS	1303 LIMIT AVE	4.3 STREET ADDRESS	350-1730 BANK ST. LAURIER
CITY-ST-ZIP	MOUNT DORA FL. 32757	4.4 CITY-ST-ZIP	OTTAWA CANADA K1G 5L1
TITLE	SECRETARY	5.1 TITLE	☐ Change ☐ Addition
NAME	GREG BELL	5.2 NAME	500001536295
STREET ADDRESS	2211 FRUITVILLE ROAD	5.3 STREET ADDRESS	-07/12/95--01090--001
CITY-ST-ZIP	SARASOTA FL. 34237	5.4 CITY-ST-ZIP	*****130.00 *****130.00
TITLE		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 supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William B. Carron — William B. Carron — 04/24/95 — 904 383-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — ASST. TREAS. — Date — Daytime Phone #

0031897