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BERGER TOOMBS ETAL

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90021 021 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000018758	
1. Entity Name INTERSTATE WHOLESALE LUMBER EXCHANGE, INC.	

Principal Place of Business 297 NELMS RD. FAYETTEVILLE, GA 30215	Mailing Address 297 NELMS RD FAYETTEVILLE, GA 30215
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40099080



07102006 No Chg-P CR2ED34 (11/05)

4. FEI Number 03-0402718	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHILDRESS, RONALD C 2607 GREY TWIG LANE FT PIERCE, FL 34981

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 date if applicable. (NOTE: Registered Agent signature required when registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHILDRESS, RONALD C 297 NELMS RD FAYETTEVILLE, GA 30215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHILDRESS, BRIAN K 220 OLD PLANTATION WAY FAYETTEVILLE, GA 30215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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, a 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 all other like empowered.

SIGNATURE:

Ronald C. Childress

Ronald C. Childress

7-10-07

Date

Daytime Phone #