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FILED

Jan 30 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 # P02568

(4)

1. Corporation Name

ALUMNI FOREST PRODUCTS, INC.

Principal Place of Business

5401 KENDALL STREET  
P.O. BOX 67  
BOISE ID 83707

Mailing Address

5401 KENDALL STREET  
P.O. BOX 67  
BOISE ID 83707-0067

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

06/29/1984

3a. Date of Last Report

06/19/1996

4. FEI Number

82-0330402

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

Yes No

10. Name and Address of New Registered Agent

81 Name

Michael Johnson

82 Street Address (P.O. Box Number is Not Acceptable)

Route 17

83

# 839 Horizon Drive

84

Lake City

FL

85

Zip Code  
32055

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

Michael Johnson, Vice President

1-17-97

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WILLIAMS, LARRY D.  
STREET ADDRESS 5401 KENDALL STREET  
CITY - ST - ZIP BOISE ID

TITLE S ☐ DELETE

NAME RUDD, BRYANT  
STREET ADDRESS 5401 KENDALL STREET  
CITY - ST - ZIP BOISE ID

TITLE T ☐ DELETE

NAME ANDERSON, PAUL  
STREET ADDRESS 5401 KENDALL STREET  
CITY - ST - ZIP BOISE ID

TITLE D ☐ DELETE

NAME WILLIAMS, MARIANNE  
STREET ADDRESS 5401 KENDALL STREET  
CITY - ST - ZIP BOISE ID

TITLE D ☐ DELETE

NAME WILLIAMS, DELBERT  
STREET ADDRESS 5401 KENDALL STREET  
CITY - ST - ZIP BOISE ID

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 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:

Bryant P. Rudd  
Vice President

1-7-97 (208) 377-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (9/96)