

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14094

1. Entity Name Banks Corporation f/k/a

BANKS LUMBER CO., INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90133 040 ***150.00

Principal Place of Business	Mailing Address
105 OLD DIXIE HWY. PO BOX 2009 AUBURNDALE FL 33823	105 OLD DIXIE HWY. PO BOX 2009 AUBURNDALE FL 33823-5009

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		35-0994133	Applied For
			Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, JOHN	NAME	
STREET ADDRESS	54693 C.R. 17 SOUTH	STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN 46516	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, WILLIAM	NAME	
STREET ADDRESS	54693 CR 17 S.	STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN 46516	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, JOHN	NAME	
STREET ADDRESS	54693 CR 17 S.	STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN 46516	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, STEPHEN	NAME	
STREET ADDRESS	54693 CR 17 S	STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN 46516	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNNE, CHRISTOPHER	NAME	
STREET ADDRESS	54693 CR 17 S	STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN 46516	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher Wynne CFE 4/24/00 (819) 294-5671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #