FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -7 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P15754** **(5)**

1. Corporation Name

SOUTHEAST WOOD PRODUCTS, INC.

Principal Place of Business	Mailing Address
4540 SOUTHSIDE BLVD. SUITE #802 JACKSONVILLE FL 32216	4540 SOUTHSIDE BLVD. SUITE #802 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/31/1987	04/13/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	57-0837701	Applied For ☐ Not Applicable ☐
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOLCUN, MICHAEL A. SUITE 202 6960 BONNEVAL ROAD JACKSONVILLE FL 32216	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WOLFE, EDWIN	1.2 NAME	
STREET ADDRESS	4540 SOUTHSIDE BLVD. 802	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	PRATT, SAM	2.2 NAME	
STREET ADDRESS	4540 SOUTHSIDE BLVD., #802	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	CUNNINGHAM, JOE	3.2 NAME	
STREET ADDRESS	8348 FAIRFOREST RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPARTANBURG SC	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	WEST, DAN	4.2 NAME	
STREET ADDRESS	8348 FAIRFOREST RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPARTANBURG SC	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JOYCE	5.2 NAME	
STREET ADDRESS	8348 FAIRFOREST RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPARTANBURG SC	5.4 CITY-ST-ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joyce H. Davis Joyce H. Davis 2/21/95 903-576-6566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0018170 CP