FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

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

1. Corporation Name
SOUTHEAST WOOD PRODUCTS, INC.

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

Mailing Address
4540 SOUTHSIDE BLVD. SUITE #802
JACKSONVILLE FL 32216

2. Principal Place of Business
21 |
Suite, Apt. #, etc.
22 |
City & State
23 |
Zip 24 | Country 25 |

2a. Mailing Address
26 |
Suite, Apt. #, etc.
27 |
City & State
28 |
Zip 29 | Country 30 |

3. Date Incorporated or Qualified: 08/31/1987
3a. Date of Last Report: 03/07/1995
4. FEI Number: 57-0837701 ☐ 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

9. Name and Address of Current Registered Agent

KOLCUN, MICHAEL A.
SUITE 202
6960 BONNEVAL ROAD
JACKSONVILLE FL 32216

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

12. OFFICERS AND DIRECTORS

Field	Officer	
TITLE	PD	☐ DELETE
NAME	WOLFE, EDWIN	
STREET ADDRESS	4540 SOUTHSIDE BLVD. 802	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	☐ DELETE
NAME	PRATT, SAM	
STREET ADDRESS	4540 SOUTHSIDE BLVD., #802	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	☐ DELETE
NAME	CUNNINGHAM, JOE	
STREET ADDRESS	8348 FAIRFOREST RD.	
CITY-ST-ZIP	SPARTANBURG SC	
TITLE	SD	☐ DELETE
NAME	WEST, DAN	
STREET ADDRESS	8348 FAIRFOREST RD.	
CITY-ST-ZIP	SPARTANBURG SC	
TITLE	STD	☐ DELETE
NAME	DAVIS, JOYCE	
STREET ADDRESS	8348 FAIRFOREST RD.	
CITY-ST-ZIP	SPARTANBURG SC	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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 2/14/96 864 503 0957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #