

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 12 1997 8:00am  
Secretary of State

DOCUMENT # P93000087711 (6)

1. Corporation Name

REAL WOOD MANUFACTURING COMPANY, INC.



Principal Place of Business

RT 4 BOX 5000-A  
MADISON FL 32340  
US

Mailing Address

RT 4 BOX 5000-A  
MADISON FL 32340-8804  
US

3. Date Incorporated or Qualified

12/27/1993

3a. Date of Last Report

06/14/1996

4. FEI Number

59-3216675

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

28

30

9. Name and Address of Current Registered Agent

KIRKLAND, MICHAEL A  
304 E. BROAD STREET  
LEE FL 32059

10. Name and Address of New Registered Agent

81 Name

John Chamblin

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

Rt. 4 Box 5000

83

84 City

Madison

FL

85 Zip Code

32340

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

*John A. Chamblin*

John A. Chamblin

3-10-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PST  
KIRKLAND, MICHAEL A  
304 E BROAD  
LEE FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

PST  
John Chamblin  
Rt. 4 Box 5000  
Madison, FL 32340

☒ Change ☐ Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

25 TITLE 26 NAME 27 STREET ADDRESS 28 CITY-ST-ZIP

29 TITLE 30 NAME 31 STREET ADDRESS 32 CITY-ST-ZIP

33 TITLE 34 NAME 35 STREET ADDRESS 36 CITY-ST-ZIP

37 TITLE 38 NAME 39 STREET ADDRESS 40 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

45 TITLE 46 NAME 47 STREET ADDRESS 48 CITY-ST-ZIP

49 TITLE 50 NAME 51 STREET ADDRESS 52 CITY-ST-ZIP

53 TITLE 54 NAME 55 STREET ADDRESS 56 CITY-ST-ZIP

57 TITLE 58 NAME 59 STREET ADDRESS 60 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

65 TITLE 66 NAME 67 STREET ADDRESS 68 CITY-ST-ZIP

69 TITLE 70 NAME 71 STREET ADDRESS 72 CITY-ST-ZIP

73 TITLE 74 NAME 75 STREET ADDRESS 76 CITY-ST-ZIP

77 TITLE 78 NAME 79 STREET ADDRESS 80 CITY-ST-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

85 TITLE 86 NAME 87 STREET ADDRESS 88 CITY-ST-ZIP

89 TITLE 90 NAME 91 STREET ADDRESS 92 CITY-ST-ZIP

93 TITLE 94 NAME 95 STREET ADDRESS 96 CITY-ST-ZIP

97 TITLE 98 NAME 99 STREET ADDRESS 100 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 included 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:

*John A. Chamblin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Chamblin

3-10-97

873-4784

Date

Daytime Phone #

CR2E034 (9/96)