

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 # P94000048966 (3)

1. Corporation Name

CHIPOLA WOOD PRODUCTS, INC.



Principal Place of Business

HIGHWAY 275 SOUTH
BLOUNTSTOWN FL 32424

Mailing Address

P.O. BOX 178
BLOUNTSTOWN FL 32424

2. Principal Place of Business

2a. Mailing Address

21 Hwy 71 North

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Blountstown, FL

27 City & State

City & State

28 City & State

23 32424

29 City & State

Zip

Zip

24

Country

Country

25

CA/FL

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0501569

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

SAME

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 the filing location

NOTE: Registered Agent Signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ATTAWAY, FRED L
STREET ADDRESS ROUTE 2 BOX 219 HWY. 71 NORTH
CITY-ST-ZIP ALTHA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
12 NAME SAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2.1 TITLE
2.2 NAME D
2.3 STREET ADDRESS Alvin Edenfield
2.4 CITY-ST-ZIP Rt 2 Box 210
Altha, FL 32421

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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Fred Attaway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/29/96

(904) 674-2995

CR2E034 (12/95)