SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) NE FLORIDA DEPARTMENT OF STATE **PROFIT** Sanora B. Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P94000083818 (2) ALGER-SULLIVAN LUMBER COMPANY Mailing Address Principal Place of Business 215 BELLEVILLE AVE. 3. Date Incorporated or Qualified 215 BELLEVILLE AVE. BREWTON AL 36426 **BREWTON AL 36426** 3a. Date of Last Report 05/01/1995 11/14/1994 Applied For 4. FEI Number Mailing Address 2a. 2. Principal Place of Business Not Applicable 58-2144174 26 21 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Žφ Country Yes 🔲 No Zip Florida Statutes 30 29 Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent 81 Name WESTMORELAND, J. LOFTON Street Address (P.O. Box Number is Not Acceptable) 82 220 W GARDEN ST 9TH FLOOR 83 PENSACOLA FL 32501 85 Zip Code 84 City 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, and accept the obligations of, Section 607 0505, Florida Statutes. (NOTE_Registered Agent signature required when in estating) SIGNATURE Signature, type of or protect cancer of registers diagons and title diapplicabil (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE TILLE CR2E034 1.2 NAM **NEAL, JOHN S** NAME 1.3 STREET ADDRESS P.O. BOX 1339 N/A STREET ADDRESS 1.4 City - ST- ZIP BREWTON AL 36427 CITY-ST-ZIP Change Addition DELETE 2.1 TiTLE TITLE 2.2 NAME DAMPIER, STEVE NAME 2 3 STREET ADDRESS P.O. BOX 1339 N/A STREET ADDRESS 2 4 CITY - ST - ZIP **BREWTON AL 36427** Change ____ Addition CITY - ST - ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP ____ Change ____ Addition CITY - ST - 7IP DELETE 4.1.111LE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS

64CITY-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

14. I do hereby 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 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 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 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 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 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 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 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 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 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 further certifies an under

44 CITY - ST - ZiP

53 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CHTY - ST - ZIF

5.1 TITLE

5.2 NAME

6.1 Till (F

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

1-23-96 334-867-5330

Change Addition

Charige Addition