

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

0629101  
AT

04-15-2003 90125 049 \*\*\*150.00

**DOCUMENT # P95000003342**



1. Entity Name  
**WAKULLA LUMBER & TRUSS, INC.**

Principal Place of Business  
**4379 CRAWFORDVILLE HIGHWAY  
CRAWFORDVILLE FL 32327**

Mailing Address  
**P.O. BOX 640  
CRAWFORDVILLE FL 32326**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3288991**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COUNCIL, BEVERLY  
4379 CRAWFORDVILLE HIGHWAY  
CRAWFORDVILLE FL 32327**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MULLIS, DON</b>
STREET ADDRESS	<b>P.O. BOX 1252 N/A</b>
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32326</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>COUNCIL, BEVERLY</b>
STREET ADDRESS	<b>P.O. BOX 996 N/A</b>
CITY-ST-ZIP	<b>CRAWFORDVILLE FL 32326</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Don Mullis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

850/926-8919

Date Daytime Phone #

CR2E034 (10/02)