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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000069122 (5)

SANTA ROSA FOREST PRODUCTS, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

21

22

23

24

Zip

351 BECK'S LAKE ROAD CANTONMENT FL 32533

Mailing Address

P O BOX 81

2a. Mailing Address

City & State

27

28

29

Suite, Apt. #, etc.

CANTONMENT FL 32533

## FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

**\$5.00** May Be

Added to Fees

850-968-1504

Not Applicable

 Date Incorporated or Qualified 08/20/1996

59-3405395

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30. Yes

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

TAYLUK, JIMMY				Name						
351 BECK'S LAKE ROAD CANTONMENT FL 32533			8:	82 Street Address (P.O. Box Number is Not Acceptable)						
1				1				-		
								,		
			84	City			Ī	FL  85   Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab					corporation subt	nits this statemer	at for the purpo	se of changing it	s 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 Storiature typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
12.				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D	☐ DELETE	1.1 TITLE					Change	Addition	
NAME	TAYLOR, JIMMY		1.2 NAME			<i>a</i> .				
STREET ADDRESS	351 BECK'S LAKE ROAD		1.3 STREE	T ADDRESS	2350	Countre	V PACE	Circle	•	
CITY-ST-ZIP	CANTONMENT FL 32533		1.4 C/TY-	ST-ZIP	PENSA	Countre				
TITLE	DP	DELETE .	2.1 TITLE					Change	Addition	
NAME	TAYLOR, JACK ALLEN		2.2 NAME	}						
STREET ADDRESS	952 CANDLESTICK COURT		2.3 STREE	T ADDRESS						
CITY-ST-ZIP	PENSACOLA FL		2. 4 CITY	ST-ZIP						
TITLE	D	DELETE	3.1 TITLE					Change	☐ Addition	
NAME	TREXLER, ROBERT L.		3.2 NAME							
STREET ADDRESS	143 WOODHAVEN		3.3 STREE	T ADDRESS						
City-ST-ZIP	SEABROOK TX		3,4, CITY	ST-ZIP					]	
TITLE	D	☐ DELETE	4.1 TITLE					Change	☐ Addition	
NAME	ORR, THOMAS E.		4. 2 NAM							
STREET ADDRESS	271 MONTE VISTA RD.		4.3 STREE	T ADDRESS					1	
CITY-ST-ZIP	ASHEVILLE NC		4.4 CITY-	ST-ZIP						
TITLE	D	☐ DELETE	5.1 TITLE		•			Change	Addition	
NAME .	LARGE, HOLLIS R.		5.2 NAME	ļ					(	
STREET ADDRESS	RT 4 BOX 165		5.3 STREE	TADDRESS						
CITY-ST-ZIP	TOWN CREEK AL		5.4 CITY-	ST-ZiP						
TITLE	D	☐ DELETE	6.1 Π7LE					Change	Addition	
NAME	THRASH, THOMAS L.		6.2 NAME	Ī						
STREET ADORESS	15 MONTE VISTA RD.		6.3 STREE	T ADDRESS						
City - St - 23P	ASHEVILLE NC		6.4 CITY-							
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.										

Country

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