

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90056 030 ***150.00

DOCUMENT # P96000069122

1. Corporation Name

SANTA ROSA FOREST PRODUCTS, INC.

Principal Place of Business

351 BECK'S LAKE ROAD
CANTONMENT FL 32533

Mailing Address

P O BOX 81
CANTONMENT FL 32533

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1996

4. FEI Number

59-3405395

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 owes the current year intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

TAYLOR, JIMMY
351 BECK'S LAKE ROAD
CANTONMENT FL 32533

10. Name and Address of New Registered Agent

81 Name

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
TAYLOR, JIMMY
STREET ADDRESS
2350 COUNTRY PLACE CIR
CITY-ST-ZIP
PENSACOLA FL 32533

TITLE ☐ DELETE

NAME
TAYLOR, JACK ALLEN
STREET ADDRESS
952 CANDLESTICK COURT
CITY-ST-ZIP
PENSACOLA FL

TITLE ☐ DELETE

NAME
Trexler, Robert L.
STREET ADDRESS
143 WOODHAVEN
CITY-ST-ZIP
SEABROOK TX

TITLE ☐ DELETE

NAME
ORR, THOMAS E.
STREET ADDRESS
271 MONTE VISTA RD.
CITY-ST-ZIP
ASHEVILLE NC

TITLE ☐ DELETE

NAME
LARGE, HOLLIS R.
STREET ADDRESS
RT 4 BOX 165
CITY-ST-ZIP
TOWN CREEK AL

TITLE ☐ DELETE

NAME
THRASH, THOMAS L.
STREET ADDRESS
15 MONTE VISTA RD.
CITY-ST-ZIP
ASHEVILLE NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 trustee 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/25/99

850-968-1504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)