

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000011215

1. Entity Name
H. C. LISTER CORPORATION



FILED

07 JAN -8 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072007 Chg-P GR2E034 (12/06) 07

4. FEI Number
59-3422866

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LISTER, CLAUDE E
3966 BOBBIN BROOK CIRCLE
TALLAHASSEE, FL 32312-1238

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	LISTER, CLAUDE E	
STREET ADDRESS	3966 BOBBIN BROOK CIRCLE	
CITY - ST - ZIP	TALLAHASSEE, FL 323121238	
TITLE	VP	☐ Delete
NAME	LISTER WHITE, EDDIE BELLE	
STREET ADDRESS	115 LISTER DRIVE	
CITY - ST - ZIP	WEWAHITCHKA, FL 32465	
TITLE	S	☐ Delete
NAME	BAXLEY, DEBBIE L	
STREET ADDRESS	P.O. BOX 507	
CITY - ST - ZIP	WEWAHITCHKA, FL 32465	
TITLE	T	☒ Delete
NAME	LISTER, BENNY C	
STREET ADDRESS	P.O. BOX 1128	
CITY - ST - ZIP	WEWAHITCHKA, FL 32465	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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01/12/07--01004--006 **150.00

T BAXLEY, DEBBIE L
P.O. BOX 507
WEWAHITCHKA, FL 32465

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Claude E. Lister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDE E. LISTER

01/08/07 (850) 893-4724
Date Daytime Phone #