

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90143 028 ***150.00

DOCUMENT # P98000064709

1. Entity Name
FLORAGON FOREST PRODUCTS, INC.

Principal Place of Business
**192 NORTH PALAFOX STREET
 PENSACOLA FL 32501**

Mailing Address
**POST OFFICE BOX 710
 PENSACOLA FL 32593**

80044623



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 226 S. PALAFOX ST		3. Mailing Address Suite, Apt. #, etc. 6TH FLOOR	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3530679		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MERRILL, BURNEY H 226 S PALAFOX 6TH FLOOR PENSACOLA FL 32501		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERRILL, BURNEY H 192 NORTH PALAFOX STREET PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 226 S. PALAFOX ST 6TH FLR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERRILL, J C 192 NORTH PALAFOX STREET PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 226 S. PALAFOX ST 6TH FLOOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERRILL, WILLIS C 192 NORTH PALAFOX STREET PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 226 S. PALAFOX ST. 6TH FLOOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UTER, MARION 1325 GULF SHORES PARKWAY GULF SHORES AL 32542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 226 S. PALAFOX ST 6TH FLOOR PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Burney H. Merrill **BORNEY H. MERRILL** **850-438-0935**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
4/25/01

CR2E034 (10/00)