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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S13960 (7)

1. Corporation Name
ARNOLD LUMBER COMPANY

Principal Place of Business

COUNTY RD 3
RT 1 BOX 260
BONIFAY FL 32425
US

Mailing Address

COUNTY RD 3
RT 1 BOX 260
BONIFAY FL 32425-8801
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1990		3a. Date of Last Report 03/14/1996	
21 State, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3033231		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

JERNIGAN, JOE H.
COUNTY RD 3
RT 1 BOX 260
BONIFAY FL 32425

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 of registered agent or registered agent in lieu of office)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	VICE-PRESIDENT
NAME	FLEMING, KENNETH	1.2 NAME	J. CHRIS JERNIGAN
STREET ADDRESS	N/A	1.3 STREET ADDRESS	5386 COOPER ST.
CITY-ST-ZIP	BONIFAY FL	1.4 CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	DP	2.1 TITLE	
NAME	JERNIGAN, JOE H	2.2 NAME	
STREET ADDRESS	RT. 1 BOX 260	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

SIGNATURE:

JOE H. JERNIGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)