

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 12 1998 8:00am
Secretary of State

DOCUMENT # **S70849** (2)
1. Corporation Name
SATILLA WOOD PRODUCTS, INC.



Principal Place of Business
**133 E. BAY STREET
JACKSONVILLE FL 32202**

Mailing Address
**P.O. BOX 2298
JACKSONVILLE FL 32203**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **612 CHERRY ST**
Suite, Apt. #, etc.

2a. Mailing Address
26
Suite, Apt. #, etc.

22 City & State
23 **NEPTUNE BEACH FL**
24 Zip **32266** 25 Country **DUVAL**

27 City & State
28
29 Zip 30 Country

3. Date Incorporated or Qualified
07/31/1991

4. FEI Number
58-1846615 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ROGERS, STEVE A.
133 E. BAY STREET
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name **STEVE A ROGERS**
82 Street Address (P.O. Box Number is Not Acceptable)
612 CHERRY ST
83
84 City **NEPTUNE BCH** FL 85 Zip Code **32266**

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 607.0506, Florida Statutes.

SIGNATURE *Steve A. Rogers* **STEVE A. ROGERS PRES 9/5/98**
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 **P** ☐ DELETE
NAME **ROGERS, STEVE A.**
STREET ADDRESS **133 E. BAY STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **ST** ☒ DELETE
NAME **HIGBEE, JAY**
STREET ADDRESS **133 E BAY ST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **ROGERS, STEVE A** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **612 CHERRY ST**
1.4 CITY-ST-ZIP **NEPTUNE BCH FL 32266**

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 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 *Steve A. Rogers* **9/5/98 904-246-8800**

CR2E034 (5/98)