

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V36596 (7)

1. Corporation Name

DANIELS LUMBER, INC.

Principal Place of Business

HWY 100 EAST
LAKE CITY FL 32055
US

Mailing Address

POST OFFICE DRAWER 2349
LAKE CITY FL 32056



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

05/14/1992

3a. Date of Last Report

01/30/1995

4. FEI Number

59-3127183

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORRIS, JOHN E.
201 NORTH MARION STREET
SUITE 301
LAKE CITY FL 32055

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE COB ☐ DELETE
NAME COOK, WILLIAM K.
STREET ADDRESS ROUTE 1, BOX 1080
CITY-ST-ZIP CALLAHAN FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME STERN, ROLAND T.
STREET ADDRESS ROUTE 5, BOX 7364
CITY-ST-ZIP STARKE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE
NAME HARLEY, ALLEN JOE
STREET ADDRESS 6 MOSSY LANE RT. 4,845-K
CITY-ST-ZIP LAKE CITY FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DST ☐ DELETE
NAME BRYANT, PAUL R.
STREET ADDRESS SOUTHWEST 65TH STREET
CITY-ST-ZIP TRENTON FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DAST ☐ DELETE
NAME COLEMAN, JAMES M.
STREET ADDRESS HOGAN ROAD
CITY-ST-ZIP CALLAHAN FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE
NAME CARPENTER, DENNIS
STREET ADDRESS 950 LAKE MONTGOMERY DRIVE
CITY-ST-ZIP LAKE CITY FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS CARPENTER

Date

2-6-96

Daytime Phone #

(904) 752-3774

CR2E034 (12/95)