

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

HWY 100 EAST  
LAKE CITY FL 32055  
US

POST OFFICE DRAWER 2349  
LAKE CITY FL 32056-2349



3. Date Incorporated or Qualified 05/14/1992	3a. Date of Last Report 02/23/1996
4. FEI Number 59-3127183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	29
25	30

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB <input type="checkbox"/> DELETE	1.1 TITLE	DCOB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, WILLIAM K.	1.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 1080	1.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, ROLAND T.	2.2 NAME	
STREET ADDRESS	ROUTE 5, BOX 7384	2.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARLEY, ALLEN JOE	3.2 NAME	
STREET ADDRESS	6 MOSSY LANE RT. 4,845-K	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, PAUL R.	4.2 NAME	
STREET ADDRESS	SOUTHWEST 65TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	4.4 CITY-ST-ZIP	
TITLE	DAST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, JAMES M.	5.2 NAME	
STREET ADDRESS	HOGAN ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLAHAN FL	5.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, DENNIS	6.2 NAME	
STREET ADDRESS	850 LAKE MONTGOMERY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	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: *Roland T Stern* *Roland T Stern* 1-16-97 904 755 3046  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)