

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90168 042 \*\*\*158.75

**DOCUMENT # V36596**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/14/1992**

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CDOB ☐ 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 DVP ☐ DELETE  
NAME COOK, ROBERT P  
STREET ADDRESS 51 ST MARGARET RD  
CITY-ST-ZIP LAKE CITY FL 32025

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 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, with all other like empowered. (See Attachment)

SIGNATURE: *Boleslaw Stern* *Boleslaw Stern* 1-12-98 904-755-3046  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E034 (1/98)

15 0665-90168-42  
V36596

12. Officers and Directors Cont'd

TITLE	DP
NAME	STERN, ROLAND T.
STREET ADDRESS	ROUTE 5, BOX 7364
CITY-ST-ZIP	STARKE, FL 32091