

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 154482

**FILED  
Mar 20, 2018  
Secretary of State  
CC6001438181**

**Entity Name:** THOMAS LUMBER COMPANY INC

**Current Principal Place of Business:**

231 W GORE ST  
ORLANDO, FL 32806

**Current Mailing Address:**

PO BOX 993  
ORLANDO, FL 32802

**FEI Number: 59-0594635**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WILKINS, GAYDEN SIII  
231 W GORE ST  
ORLANDO, FL 32806 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY, TREASURER,  
DIRECTOR  
Name LONG, LYNN L  
Address 100 SOUTH EOLA DRIVE #1403  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name ARKINS, PAMELA M  
Address 4509 LAKE GEM CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR  
Name THOMAS, A JIII  
Address 2024 COUNTRYSIDE CIRCLE N  
City-State-Zip: ORLANDO FL 32804

Title CEO, DIRECTOR  
Name WILKINS, GAYDEN S III  
Address 10148 COUNTY RD 9690  
City-State-Zip: WEST PLAINS MO 65775

Title PRESIDENT  
Name JENKINS, DEANNA W  
Address 46 EAST ROSEVEAR ST  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name THOMAS, BANNER L  
Address 943 BRIGHTWATER CIRCLE  
City-State-Zip: MAITLAND FL 32751

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DEANNA JENKINS**

**PRESIDENT**

**03/20/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date