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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



PROFIT CORPORATION
 ANNUAL REPORT
 1997

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

DOCUMENT # **145776** (1)
 1. Corporation Name
BARBER LUMBER COMPANY INC



Principal Place of Business Mailing Address
~~3310 LOWSON BLVD.~~
~~DELRAY BCH FL 33445~~
 US ~~3310 LOWSON BLVD.~~
~~DELRAY BCH FL 33445-5633~~
 US

3. Date Incorporated or Qualified **02/07/1946** 3a. Date of Last Report **04/17/1996**

2. Principal Place of Business 2a. Mailing Address
 21 **986 TEN MILE STILL RD.** 26 **986 TEN MILE STILL RD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-0544429** Applied For
 Not Applicable

22 City & State **BAINBRIDGE, GEORGIA** 27 City & State **BAINBRIDGE, GEORGIA.**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip **31717** 25 Country **DECATUR** 29 Zip **31717** 30 Country **DECATUR**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

g. Name and Address of Current Registered Agent
STANTON, FRED R.
1111 LINCOLN RD. MALL, SUITE 500 500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
 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	
TITLE	PDT <input type="checkbox"/> DELETE
NAME	BARBER, JR ROBERT C
STREET ADDRESS	3310 LOWSON BLVD
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	SVD <input type="checkbox"/> DELETE
NAME	BARBER, BARBARA ANN
STREET ADDRESS	3310 LOWSON BLVD.
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	STANTON, FRED R.
STREET ADDRESS	1111 LINCOLN RD. #600
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	952 TEN MILE STILL ROAD
14 CITY - ST - ZIP	BAINBRIDGE, GEORGIA 31717
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	952 TEN MILE STILL ROAD
2.4 CITY - ST - ZIP	BAINBRIDGE, GEORGIA 31717
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	500002159105--7
4.3 STREET ADDRESS	-04/29/97--01104--001
4.4 CITY - ST - ZIP	****173.75 ****173.75
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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. 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: **Robert C Barber Jr President** 4/29/97 (912)-246-7169
 ROBERT C. BARBER JR. _____ Date _____ Day/Time Phone # _____

CR2E034 (9/96)