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

CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	145776
1 Cornoration Name	

1. Corporation Name	40//0		SECULIARIES AND	
BARBER LUMBER COMP	ANY INC			1 8:00 0:00 0:00 0:00 0:00 0:00 0:00 0:0
Principal Place of Business	Mailing Address		t iegier tibil erdal atiti länti feble bill eifel	. 4.61. 9191. 5191. 6161. 6161. 1941
986 TEN MILE STILL RD. BAINBRIDGE GA 31717	986 TEN MILE STILL RD. BAINBRIDGE GA 31717			
US	US		DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	To Matter Address		02/07/1946 4. FET Number	( ( , , , , , , , , , , , , , , , , , ,
<del>-</del>	2a, Mailing Address			Applied For
Suite, Apt. #, etc.	[26] Suite, Apt. #, etc		59-0544429	Not Applicable   \$8.75 Additional
22	[27]		5. Certificate of Status Desired 4.	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Cauni	<b>  28</b>   try	Country	Trust Fund Contribution  8. This corporation owes the current year I	Added to Fees
24] [25]		30	Personal Property Tax	Intangible [TYes TYNo
	ress of Current Registered Agent	`	10. Name and Address of New Registere	d Agent
CTANTON EDED D		81 Name		
Stanton, Fred R. One S.E. Third Avenu	IE	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
STE. 2400	·C			
MIAMI FL 33131		83		
Mirain 1 E 00 10 1		84 City		85 Zip Code
Ad Durawat to the provisions of So	ations 657 0502 and 607 1500 Florida Cintral		oration submits this statement for the purpose i	<b>L</b>
office or registered agent, or bot	calons 607,0507 and 607,1506, Florida Statut h, in the State of Florida. Such change was a cept the obligations of Section 607,0506. Flo	es, the above hamed corp uthorized by the corporati tida Statutes	oration submits tres statement for the purpose of ora's board of directors. Thereby accept the app	or changing its registered in interest as registered
SIGNATURE	copy and obligations by cooled not recool, the	non cumotos		
Signature, typed or product name		Registered Agent segretary to pro-	-	<u> </u>
TITLE PDT	OFFICERS AND DIRECTORS	13. 111016	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
NAME BARBER, JR ROBI	<del>-</del>	12 NAME		[   Change   [   Augilion
STREET ADDRESS 952 TEN MILE STI		12 STREET ADDRESS		
CITY-ST-ZIP BAINBRIDGE GA 3		14 COY-5'-76		}
TITLE SVD	[.] DELETE	2171715		[   Change
NAME BARBER, BARBAR	• •	2.2 NAME		
STREET ADDRESS 952 TEN MILE ST		23 STREET ADORESS	100000285	89415
CITY-ST-ZIP BAINBRIDGE GA 3		2 4 CiTy-ST-ZiP		-01113020
TITLE	{   DECETE	3171115	宋宋宋主568。当	5 [ tchange 156 Abortion
NAME		3.2 NAME		
STREET ADORESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CHY-ST-ZIF		
TITLE	[ ] DELETE	4 1 TIFLE		[]Change []Addition]
NAME		4 2 NAME		
STREET ADDRESS.		43 STREET ADDRESS		
QHTY-ST-ZIP	nen er i de la companya de la compa	4.4 Crī Y-Sī, ZiP		5.00
TITLE	[ ] DELETE	51 U.F		[ Change [ Addition
NAME		52 NAMS		
STREET ADDRESS		\$3 STREET ADURESS		į
CITY-ST-ZIP TITLE	[ ] DELETE	54 Cfty - S1 - 76 61 Till E		1 1 1 Common (IA indian
NAME	[   Dett. It	6 7 NAME		A Journal Mill Managed
}		63 STREET ADURES		1 1 CO 18
STREET ADDRESS		64 CHY 51-7F		17, 7

64 CHY 51-7F

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), I form 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 it changed, or on an attachment with an address, with all other like empowered

SIGNATURE

SIGNATURE

SIGNATURE

C. BARBER TR.

64.015 Statutes I further certify that the information indicated on this 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 it changed, or on an attachment with an address, with all other like empowered

SIGNATURE

SIGNATURE

C. BARBER TR.

16.01 Statutes 1 further certify that the information indicated in Section 119.07(3)(i), I forida Statutes 1 further certify that the information indicated in Section 119.07(3)(i), I forida Statutes 1 further certify that the information indicated in Section 119.07(3)(ii), I forida Statutes 1 further certify that the information indicated in Section 119.07(3)(ii), I forida Statutes 1 further certify that the information indicated in Section 119.07(3)(ii), I forida Statutes 1 further certify that the information indicated in Section 119.07(3)(ii), I forida Statutes 1 further certify that the information indicated in Section 119.07(3)(ii), I forida Statutes 1 further certify that the information indicated in Section 119.07(3)(ii), I forida Statutes 1 further certify that the information indicated in Section 119.07(ii) in Section 119.07(iii) in