

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 4:29

DOCUMENT # 438810 (4)
1. Corporation Name
JACK B. THIGPEN LUMBER COMPANY, INC.

Principal Place of Business Mailing Address
P.O. BOX 185 P.O. BOX 185
8 MAIN ST. 8 MAIN ST.
CHATTAHOOCHEE FL 32324 CHATTAHOOCHEE FL 32324

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report		
21		2b		10/25/1973	03/08/1994		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FBI Number	Applied For		
22		27		59-1516822	Not Applicable		
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	25	29	30	<input type="checkbox"/>			
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
THIGPEN, JACK B. 8 MAIN STREET CHATTAHOOCHEE FL 32324				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				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

Signature, typed or printed name of registered agent and date of registration.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIGPEN, JACK B.	1.2 NAME	
STREET ADDRESS	8 MAIN ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHATTAHOOCHEE FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIGPEN, ANNETTE	2.2 NAME	
STREET ADDRESS	8 MAIN STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHATTAHOOCHEE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J.B. Thigpen* JACK B. THIGPEN 1-19-95 905-841-4244
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR