

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 857612 (6)

1. Corporation Name
F & W FORESTRY SERVICES, INC.



Principal Place of Business: **1310 OAKRIDGE DR. P.O. BOX 3610 ALBANY GA 31707**
Mailing Address: **1310 OAKRIDGE DR. P.O. BOX 3610 ALBANY GA 31707**

3. Date Incorporated or Qualified: **09/01/1983**
3a. Date of Last Report: **02/16/1995**
4. FET Number: **58-0971978**
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**WEBER, RUSSELL D.
515 N. MAIN STREET
SUITE 301
GAINESVILLE FL 32601**

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FRAZER, ELEY C., III	
STREET ADDRESS	1204 THIRD AVENUE	
CITY-ST-ZIP	ALBANY GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WETHERBEE, FRANK P., JR.	
STREET ADDRESS	1102 N. HARDING	
CITY-ST-ZIP	ALBANY GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BULLOCK, VERDIE	
STREET ADDRESS	2404 NOTTINGHAM WAY	
CITY-ST-ZIP	ALBANY GA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, MARSHALL D	
STREET ADDRESS	5015 BARRINGTON	
CITY-ST-ZIP	ALBANY GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITNEY, GAIL	
STREET ADDRESS	717 SEVENTH AVENUE	
CITY-ST-ZIP	ALBANY GA 31701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gail Whitney Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 912-883-0505
Date Daytime Phone #

CR2E034 (12/95)