

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/01/1983	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 58-0971978	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WEBER, RUSSELL D. 515 N. MAIN STREET SUITE 301 GAINESVILLE FL 32601				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
85 Zip Code FL					
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.					

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
 85 Zip Code **FL**

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	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 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; 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* **GAIL WHITNEY**

912-883-3127/98
 0505

CR2E034 (10/97)