Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90110 011 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 857612 1. Corporation Name

F & W FORESTRY SERVICES, INC.

Principal Place of Business	al Place of Business Mailing Address					((88) 8 () () () () () () ()	16) 61611 211			
1310 OAKRIDGE DR.		O OAKRIDGE DR.								
P.O. BOX 3610 P.O. BOX 3610 ALBANY GA 31707 ALBANY GA 31707						DO NOT WRITE IN THIS SPACE				
ALBANY GA 31707	ALE	SANT GA 31707				3. Date incorporated or Qualified				
						09/01/1983			}	
2. Principal Place of Business	2a.	Mailing Address				4. FEI Number		7	Applied For	
21	26					58-0971978			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-			5. Certifcate of Status Desired []		Additional	
22	27			-		3. Octahoza of States Desired		Fee F	Required	_
City & State		City & State				6. Election Campaign Financing	٦		May Be	
23	28					Trust Fund Contribution			d to Fees	
Zip Country		Zip Country				8. This corporation owes the current	year Inta	ingible □Yes	□No	
24 25 9. Name and Address of Current	29 Pegis	torod Agent	30	1		Personal Property Tax. 10. Name and Address of New Reg	istered A			
9. Name and Address of Current	Kedis	iteled Agent		81	Name	10. Hallis alle reserves de lista l'isg	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>		
Weber, Russell D.										
515 N. MAIN STREET				82	Street Addr	ress (P.O. Box Number is Not Acceptable	*)		-	
SUITE 301			'	83						
GAINESVILLE FL 32601								Teel 7:	. 0. 1.	
				84	City		FL	85 Zip	o Code	
11. Pursuant to the provisions of Sections 607.0502	and 6	07.1508, Florida Statut	es, the a	bove	e-named corp	poration submits this statement for the pu	rpose of	changing i	ts registered	
office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligation	f Floric	ia. Such change was a	utnorized	עס נ	the corporation	on's board of directors. I hereby accept ti	ne appoin	itment as	registered	
SIGNATURE					<u></u>					_
Signature, typed or printed name of registered agent	etrir bns	if applicable. (NOTE	: Registered	Agen	n signature require	d when reinstating)	DATE			ĝ
12. OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECT ☐ Change		7
TITLE CD		☐ DELETE	1,1 π					□ Citarige	, D'Addition	3
NAME FRAZER, ELEY C., III			1.2 NA	_						ć
STREET ADDRESS 1204 THIRD AVENUE				TREET	F ADDRESS				i	Ļ
	ALBANY GA								,	
TITLE VD		- DELETE	1.4 CT		T-ZiP			☐ Change	Addition	0
NAME WETHERBEE, FRANK P., JR.		☐ DELETE	2.1 TI	TLE	T-ZiP			☐ Change	eAddition	Č
l		☐ DELETE	2.1 TII 2.2 N/	TLE AME				Chango	eAddition	(
STREET ADDRESS 1102 N. HARDING		☐ DELETE	2.1 TT 2.2 N/ 2.3 ST	TLE AME TREET	F ADDRESS			☐ Chang	eAddition	Č
STREET ADDRESS 1102 N. HARDING CITY-ST-ZIP ALBANY GA			2.1 TM 2.2 NA 2.3 ST 2.4 C	TLE AME TREET					· 	C
STREET ADDRESS 1102 N. HARDING CITY-ST-ZIP ALBANY GA TITLE S		☐ DELETE	2.1 TM 2.2 NA 2.3 ST 2.4 CM 3.1 TM	TLE AME TREET TTY-S	F ADDRESS			☐ Change	· 	C
STREET ADDRESS 1102 N. HARDING CITY-ST-ZIP ALBANY GA TITLE S NAME BULLOCK, VERDIE			2.1 TM 2.2 N/ 2.3 ST 2.4 CM 3.1 TM 3.2 N/	TLE AME TREET TLE AME	F ADORESS ST-ZIP				· 	(
STREET ADDRESS CITY-ST-ZIP TITLE S NAME STREET ADDRESS 2404 NOTTINGHAM WAY			2.1 TM 2.2 N/ 2.3 ST 2.4 CM 3.1 TM 3.2 N/ 3.3 ST	TLE AME TREET TIY-S TLE AME TREET	F ADDRESS				· 	-
STREET ADDRESS CITY-ST-ZIP TITLE S NAME BULLOCK, VERDIE STREET ADDRESS CITY-ST-ZIP ALBANY GA		□ DELETE	2.1 TM 2.2 NV 2.3 ST 2.4 CD 3.1 TV 3.2 NV 3.3 ST 3.4 CD	TLE AME TREET TLE AME TREET	F ADDRESS IT-ZIP				e Addition (-
STREET ADDRESS CITY-ST-ZIP TITLE S NAME BULLOCK, VERDIE STREET ADDRESS CITY-ST-ZIP ALBANY GA TITLE PD			2.1 TM 2.2 NV 2.3 ST 2. 4 CM 3.1 TM 3.2 NV 3.3 ST 3.4 CM	TLE AME TREET TLE AME TREET TREET	F ADDRESS			☐ Change	e Addition (
STREET ADDRESS CITY-ST-ZIP TITLE SNAME STREET ADDRESS CITY-ST-ZIP ALBANY GA BULLOCK, VERDIE 2404 NOTTINGHAM WAY ALBANY GA TITLE PD NAME THOMAS, MARSHALL D		□ DELETE	2.1 TII 2.2 NV 2.3 ST 2.4 CC 3.1 TV 3.2 NV 3.3 ST 3.4 CC 4.1 TI 4.2 N	TLE AME TREET TLE AME TREET TREET TLE TREET	F ADDRESS ST-ZIP F ADDRESS ST-ZIP			☐ Change	e Addition (
STREET ADDRESS CITY-ST-ZIP ALBANY GA TITLE NAME STREET ADDRESS CITY-ST-ZIP ALBANY GA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SO TO THOMAS, MARSHALL D STREET ADDRESS SO TO THOMAS, MARSHALL D STREET ADDRESS		□ DELETE	2.1 TII 2.2 NV 2.3 ST 2.4 CI 3.1 TII 3.2 NV 3.3 ST 3.4 CI 4.1 TII 4.2 N 4.3 ST	TILE TREET TITY-S TILE AME TREET TITY-S TILE AME TREET	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	S - *		☐ Change	e Addition (
STREET ADDRESS CITY-ST-ZIP ALBANY GA TITLE S NAME BULLOCK, VERDIE 2404 NOTTINGHAM WAY ALBANY GA TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP THOMAS, MARSHALL D STREET ADDRESS CITY-ST-ZIP ALBANY GA		□ DELETE	2.1 TIT 2.2 NV 2.3 ST 2.4 CC 3.1 TV 3.2 NV 3.3 ST 4.1 TIT 4.2 N 4.3 ST 4.4 CC 4	TLE AME TREET TLE AME TREET TLE AME TREET TLE AME TREET TLE AME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS			☐ Change	e Addition	
STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME BULLOCK, VERDIE 2404 NOTTINGHAM WAY ALBANY GA TITLE PD THOMAS, MARSHALL D STREET ADDRESS CITY-ST-ZIP ALBANY GA TITLE TITLE TITLE TITLE THOMAS, MARSHALL D TITLE TITLE TITLE T		☐ DELETE	2.1 TII 2.2 NV 2.3 ST 2.4 CI 3.1 TII 3.2 NV 3.3 ST 3.4 CI 4.1 TII 4.2 N 4.3 ST	TILE AME TREET TILE AME TREET TILE AME TREET TILE TILE TREET TILE TILE TILE TILE TILE TILE TILE T	T ADDRESS T ADDRESS T ADDRESS T ADDRESS			☐ Change	e Addition	
STREET ADDRESS CITY-ST-ZIP ALBANY GA TITLE S NAME BULLOCK, VERDIE 2404 NOTTINGHAM WAY ALBANY GA TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP THOMAS, MARSHALL D STREET ADDRESS CITY-ST-ZIP ALBANY GA		☐ DELETE	2.1 TIT 22 NV 2.3 ST 2.4 CC 3.1 TV 3.2 NV 3.3 ST 3.4. CC 4.1 TIT 4.2 N 4.3 ST 4.4 CC 5.1 TY 5.2 NV	TILE AME TREET TILE AME TREET TILE AME TREET TILE AME TREET TILE AME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS			☐ Change	e Addition	

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, with all other like empowered.

6.1 T/TLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Change

Addition