

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

001447

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90110 011 ***150.00

DOCUMENT # 857612

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1983

4. FEI Number

58-0971978

Applied For

Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** DELETE

NAME **FRAZER, ELEY C., III**
STREET ADDRESS **1204 THIRD AVENUE**
CITY-ST-ZIP **ALBANY GA**

TITLE **VD** DELETE

NAME **WETHERBEE, FRANK P., JR.**
STREET ADDRESS **1102 N. HARDING**
CITY-ST-ZIP **ALBANY GA**

TITLE **S** DELETE

NAME **BULLOCK, VERDIE**
STREET ADDRESS **2404 NOTTINGHAM WAY**
CITY-ST-ZIP **ALBANY GA**

TITLE **PD** DELETE

NAME **THOMAS, MARSHALL D**
STREET ADDRESS **5015 BARRINGTON**
CITY-ST-ZIP **ALBANY GA**

TITLE **T** DELETE

NAME **WHITNEY, GAIL**
STREET ADDRESS **717 SEVENTH AVENUE**
CITY-ST-ZIP **ALBANY GA 31701**

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: Gail Whitney **SIGNATURE REQUIRED** Whitney 4/16/99 912-883-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)