

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90102 039 ***150.00

DOCUMENT # 857612

1. Entity 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 31707-5305

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-0971978**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowers.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARSHALL D. THOMAS
PRESIDENT

Date

Daytime Phone #

3/15/00 912 883 050