


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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90186 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000004944

1. Corporation Name
ADVANCED SAWMILL MACHINERY, INC.



Principal Place of Business PO BOX 339 HOLT FL 32564	Mailing Address PO BOX 339 HOLT FL 32564
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 481 MACHINERY CIRCLE Suite, Apt. #, etc. 22 City & State 23 HOLT FLORIDA Zip Country 24 32564 25	2a. Mailing Address 26 481 MACHINERY CIRCLE Suite, Apt. #, etc. 27 City & State 28 HOLT FLORIDA Zip Country 29 32564 30
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3. Date Incorporated or Qualified 09/01/1998	4. FEI Number 59-3213788	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

CAVANAUGH, DANIEL A
481 MACHINERY CIRCLE
HOLT FL 32564

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEFFENS, DAVID E	
STREET ADDRESS	ONE BALMORAL DRIVE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRADSHAW, KEITH A	
STREET ADDRESS	4678 LOVEGRASS LANE	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAVANAUGH, DAN	
STREET ADDRESS	617 S.E. BAUBLITS DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TIEFEL, TODD	
STREET ADDRESS	304 COUNTRY CLUB ROAD	
CITY-ST-ZIP	CONWAY AR	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HARVEY, EDWARD M	
STREET ADDRESS	1406 CANTRELL ROAD	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERSON, RUSSELL	
STREET ADDRESS	4427 AMBER LAKE COVE	
CITY-ST-ZIP	NICEVILLE FL	

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, with all other like empowered.

SIGNATURE: *Daniel A. Cavanaugh* **DANIEL A. CAVANAUGH** 2/1/99 (850) 537-5333

CR2E034 (11/98)