

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

**FILED**

**Jan 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # G94927 (2)**

1. Corporation Name  
**WEST FLORIDA REFORESTATION, INC.**



Principal Place of Business <b>RR 5 BOX 656 CHIPLEY FL 32428</b>	Mailing Address <b>RR 5 BOX 656 CHIPLEY FL 32428-8036</b>
---	--

2. Principal Place of Business 21 <b>1485 Falling Waters Rd.</b> Suite, Apt. #, etc	2a. Mailing Address 26 <b>1485 Falling Waters Rd.</b> Suite, Apt. #, etc
22 City & State 23 <b>Chipley, FL</b>	27 City & State 28 <b>Chipley, FL</b>
24 <b>32428</b> 25 Country	29 <b>32428</b> 30 Country

3. Date Incorporated or Qualified <b>04/05/1984</b>	3a. Date of Last Report <b>02/12/1996</b>
4. FEI Number <b>59-2413826</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEE, PURVIS D  
507 S 5TH ST  
CHIPLEY FL 32428**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent or officer if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>LEE, PURVIS D</b>	
STREET ADDRESS	<b>507 S 5TH ST</b>	
CITY-ST-ZIP	<b>CHIPLEY FL 32428</b>	
TITLE	<b>VP</b>	<input type="checkbox"/>
NAME	<b>LEE, SILAS</b>	
STREET ADDRESS	<b>RR 1 BOX 261</b>	
CITY-ST-ZIP	<b>CHIPLEY FL 32428</b>	
TITLE	<b>ST</b>	<input type="checkbox"/>
NAME	<b>LEE, PATSY</b>	
STREET ADDRESS	<b>RR 5 BOX 656</b>	
CITY-ST-ZIP	<b>CHIPLEY FL 32428</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	<b>1962 Orange Hill Rd.</b>		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	<b>1485 Falling Waters Rd.</b>		
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: **Patsy A. Lee** **Patsy A. Lee** **1-7-97** **904-638-7835**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)