


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg 1082

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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97 AUG 13 AM 9:48

DOCUMENT # K54522 (3)
1. Corporation Name
COLUMBIA TIMBER CO., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business C/O ALBERT I. DAVIDSON 4131 NW 13 STREET, STE 228 GAINESVILLE FL 32609	Mailing Address C/O ALBERT I. DAVIDSON 4131 NW 13 STREET, STE 228 GAINESVILLE FL 32609
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1988		3a. Date of Last Report 07/02/1996	
4. FEI Number 59-3038167		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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		9. Name and Address of Current Registered Agent DAVIDSON, ALBERT I. 3225 NW 54TH LANE 6425 NW 54TH WAY GAINESVILLE FL 32653 Gainesville		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	
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, ALBERT I.	1.2 NAME	
STREET ADDRESS	3225 NW 54TH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	MORAE, NORMAN I.	2.2 NAME	
STREET ADDRESS	RT 14, BOX 519	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY F	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

CR2E034 (4/97)



Buyers of Pine, Hardwood,
and Cypress Timber

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July 15, 1997

Division of Corporations
Attention: Annual Reports
P.O. Box 6327
Tallahassee, FL 32314

**RE: 1997 Profit Corporation Annual Reports and Filing Fees: Columbia
Timber Company (#K54522) and
Florida Forestry Services (#H34040)**

Dear Sirs;

Enclosed are the 1997 Profit Corporation Annual Reports and checks for the filing fees in the amount of \$165.00 each for Columbia Timber Co., Inc., # K54522, and Florida Forestry Services, Inc., ##H34040, respectively.

As you will note, the package received stated these were the second notices and therefore requiring fees of \$550.00 each. Upon receiving these packets for the FIRST time, I immediately called your offices to explain that neither company had received the first notice or packet. If we had, we would have surely paid the fees in a timely manner to avoid having to pay 3 times the initial fee. Per the advice of one of your representatives, I was instructed to send you the completed report with the original \$165.00 filing fee with a letter explaining that we had not received the initial packet or notice.

I can not account for the missing packets, i.e., both companies' were never received, but I assure you that whatever happened was not intentional and I look to you for a resolution. Thank you for your consideration.

Regards

Columbia Timber Company
Florida Forestry Services

A handwritten signature in cursive script, appearing to read "Sheryl L. Dixon".

Sheryl L. Dixon
Controller

1997 Corp annual report.doc

Office 904-378-1473

Fax 904-378-7285

4131 NW 13th St.

Suite 228