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

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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PROFIT CORPORATION ANNUAL REPORT 1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048879 (6)

JOHN D. VAN AERNAM LOGGING, INC.

Country

nd Address of C

25

o Name

Principal Place of Business Mailing Address HWY C-351-A P O BOX 2189 CROSS CITY FL 32628 CROSS CITY FL 32628

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/05/1996 4. FEI Number Applied For

8. This corporation owes or has paid the current year Intangible

59-3382603

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

				,	10. Hamb and Address of New Hegistered Agent		
AERNAM, DAWAYNE V			81	81 Name			
HWY C-351-A CROSS CITY FL 32628				82 Street Address (P.O. Box Number is Not Acceptable)			
011003 0111 FE 02020							
			83				
			84	City	F1 85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation					ed corporation submits this statement for the numbers of changing i	s 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 (amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE DELICAL VAAL				1123198			
Signature, typed or Printed name of registered agent and title if applicable. (INOTE, Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECT		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	IS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		Change	Addition	
NAME	VAN AERNAM, DAWAYNE		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS		s l		
CITY - ST - ZIP	CROSS CITY FL		1.4 CITY-ST-ZIP				
TITLE	VD DELETE		2.1 TITLE		Change	Addition	
NAME VO	Va AERNAM, BOBBY K		2.2 NAME				
STREET ADDRESS	P.O BOX 1585 N/A CR 351A	i	2.3 STREET	ADDRESS	S		
CITY-ST-ZIP	CROSS CITY FL		2. 4 CITY-ST-ZIP				
TITLE	STD DELETE		3.1 TITLE		☐ Change	Addition	
NAME	van Aernam, Franklin		3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS		s		
CITY-ST-ZIP	CROSS CITY FL		3.4. CITY-ST-ZIP			1	
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME			4. 2 NAME		İ]	
STREET ADDRESS			4.3 STREET	ADDRESS	s	F	
CITY-ST-ZIP			4.4 CITY-51	- ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition Addition	
NAME [5.2 NAME				
STREET ADDRESS			5.3 STREET A	ADDRESS	3 [
CITY-ST-ZIP			5.4 CITY-ST	- ZIP			
TITLE		DELETE	6.1 TITLE		L. Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			63 STREET	ADDRESS	3		
CITY - ST - ZIP			6.4 CITY - ST				
14. I hereby c	ertify that the information supplied with this filir	to does not qualify for the	ie exempti	on stat	ited in Section 119.07(3)(i). Florida Statutes, I further certify that the	information	

Country

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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:

1/22/98

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes