FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 29, 2002 8:00 am DOCUMENT # P98000026379 Secretary of State 1. Entity Name THE FORESTRY COMPANY 01-29-2002 90066 020 ***150.00 Principal Place of Business Mailing Address 502 W.GREEN ST 502 W.GREEN ST **PERRY FL 32347 PERRY FL 32347** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3520799 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CURTIS, DONALD R JR 114 W GREEN ST PERRY FL 32347 8. The above named entity submits this statement for the purpose of changing its registered office or registered age or both, in the State of Florida. 1-8-02 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Defete TITLE ☐ Change ☐ Addition NAME CURTIS: DONALD R JR ... NAME STREET ADDRESS 5135 PRESTON SHEFFIELD RD STREET ADDRESS CITY-ST-ZIP PERRY FL-32347 CITY-ST-ZIP Curtis, Donald R Ir 5135 Preston Shelfield Rd TITLE ☐ Delete TITLE ☐ Addition NAME CURTIS, DONALD R JR NAME STREET ADDRESS STREET ADDRESS RT 4 BOX'833 CITY-ST-ZIP Pern CITY-ST-ZIP PERRY_FL 32347 ☐ Delete TITLE ☐ Addition NAME NAME MAIN. JEFFREY R STREET ADDRESS STREET ADDRESS 7620 SKIPPER LANE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 TITLE VM. Delete TITLE ☐ Addition KW3, SAM P. O. 802 58 NAME KING, SAM MAME STREET ADDRESS STREET ADDRESS PO BOX 303 CITY-ST-ZIP PERRY FL 32348 CITY-ST-7IP PALAHKA, FL 32/3/ ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P 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