

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1996 MAY -1 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V60484**

1. Corporation Name

**CANTONMENT TIMBER INC.**

000001814810  
-05/03/96--01059--020  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1420 HWY 297A 1420 HWY 297A**  
**CANTONMENT, FL CANTONMENT, FL**  
**32533 32533**

3. Date Incorporated or Qualified **7-13-92** 3a. Date of Last Report **5-1-95**  
4. FEI Number **59-3132306** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 198.03, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1420 HWY 297A** 26 **1420 HWY 297A**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **CANTONMENT, FL** 28 **CANTONMENT, FL**  
Zip Country Zip Country  
24 **32533** 25 **US** 29 **32533** 30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DENNIS M. GRIFFITH**  
**408 HWY 297A**  
**CANTONMENT, FL 32533**

81 Name **DANIEL R. GRIFFITH**  
82 Street Address (P.O. Box Number is Not Acceptable) **1420 HWY 297A**  
83 City **CANTONMENT** FL 85 Zip Code **32533**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE **Daniel R. Griffith** **DANIEL R. GRIFFITH** **5-1-96**  
Signature must be certified by a notary public. (Not applicable) (NOTE: Registered Agent Signature required on all registrations)

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>
NAME	<b>DANIEL R. GRIFFITH</b>
STREET ADDRESS	<b>1420 HWY 297A</b>
CITY, ST, ZIP	<b>CANTONMENT, FL 32533</b>
TITLE	<b>VICE-PRESIDENT</b>
NAME	<b>JOHN C. GRANDISON</b>
STREET ADDRESS	<b>535 HIX STREET</b>
CITY, ST, ZIP	<b>CANTONMENT, FL 32533</b>
TITLE	<b>TREASURER</b>
NAME	<b>CLAUDE R. LANE</b>
STREET ADDRESS	<b>1900 W. GREGORY</b>
CITY, ST, ZIP	<b>PENSACOLA, FL 32501</b>
TITLE	<b>SECRETARY</b>
NAME	<b>DANIEL C. GRIFFITH</b>
STREET ADDRESS	<b>1420 HWY 297A</b>
CITY, ST, ZIP	<b>CANTONMENT, FL 32533</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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: **Daniel R. Griffith** **DANIEL R. GRIFFITH** **5-1-96** **904-968-2496**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number