

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000100539

**FILED**  
**Apr 27, 2018**  
**Secretary of State**  
**CC8691099502**

**Entity Name:** FLORIDA FOREST PRODUCTS OF CROSS CITY, INC

**Current Principal Place of Business:**

15811 SE HWY 19  
CROSS CITY, FL 32628

**Current Mailing Address:**

PO BOX 1176  
CROSS CITY, FL 32628 US

**FEI Number:** 46-4350158

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALLEN, RUSSELL  
15811 SE HWY 19  
CROSS CITY, FL 32628 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	ALLEN, RUSSELL	Name	ALLEY, JON
Address	PO BOX 403	Address	153 NE 300 ST
City-State-Zip:	HORSESHOE BEACH FL 32648	City-State-Zip:	CROSS CITY FL 32628

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RUSSELL ALLEN

P

04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date