

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jan 16 1998 8:00am  
Secretary of State

DOCUMENT # 234877 (9)  
1. Corporation Name  
ADAMS TIMBER COMPANY, INC.



Principal Place of Business  
855 FERDON BLVD.  
CRESTVIEW FL 32536

Mailing Address  
P.O. BOX 631  
CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1960	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0900062	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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	

9. Name and Address of Current Registered Agent

ADAMS, LONNIE JACK  
725 ADAMS DR  
CRESTVIEW FL 32536

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	ADAMS, PHILLIP L	1.2 NAME	
STREET ADDRESS	3645 WARD BASIN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 32570	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	ADAMS, LONNIE JACK	2.2 NAME	
STREET ADDRESS	725 ADAMS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 32536	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	PD
NAME	ADAMS, JEFF N	3.2 NAME	Adams, Jeff N.
STREET ADDRESS	RT. 1 BOX 78	3.3 STREET ADDRESS	7868 Yellow River Baptist Ch. Rd.
CITY-ST-ZIP	BAKER FL	3.4 CITY-ST-ZIP	Baker, FL 32531
TITLE	VD	4.1 TITLE	VD
NAME	RICHEY, PATRICIA A	4.2 NAME	Richey, Patricia A.
STREET ADDRESS	2513 SOUTH LAKEVIEW	4.3 STREET ADDRESS	2513 South Lakeview
CITY-ST-ZIP	CRESTVIEW FL	4.4 CITY-ST-ZIP	Crestview, FL 32536
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

1-5-98 830-682-1717

CR2E034 (10/97)