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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 234877

(9)

FILED Jan 16 1998 8:00am Secretary of State

ADAM	S TIMBER COMPANY, INC.							
) # 40 (1 0 f1800 \$64)) 3 (108) \$026 \$00)) 1001 6 (3)	10 (10)	# FS #13012 E## II
Principal Plac	ce of Business	Mailing Address				{	I BÍBLÍ BÍBLI BÍBLI BÍ	#15
855 FERDON	BLVD.	P.O. BOX 631						
CRESTVIEW FL 32536 CRESTVIEW FL 32536						ļ		
						DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualified]
						03/29/1960		
	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21]		26				59-0900062		ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22								Required
<u> </u>	te.	<u> </u>	City & State			6. Election Campaign Financing		May Be
23 Zip	Country	28	<u> </u>			Trust Fund Contribution		to Fees
	Country	Zip	$\overline{}$	untry		8. This corporation owes or has paid the		
24	9. Name and Address of Curre	29 nt Registered Appet	30	т —		Personal Property Tax due June 30. 10. Name and Address of New Registe		∐ No
ΛD	DAMS, LONNIE JACK	nt negistereti Agent		81	Name	IV. Name and Address of New Registe	red Agent	·
	5 ADAMS DR				(valine			l
	RESTVIEW FL 32536			82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
CH	JEOT VIEW PL 32336			83				
				63				
				84	City		85 Zip	Code
							FL S Z	
office or :	to the provisions of Sections 607.050 realstered agent, or both, in the State	02 and 607.1508, Florida Statu e of Florida. Such change was	tes, the a authorize	above-r ad by ti	named corpo he corporation	oration submits this statement for the purpo on's board of directors. I hereby accept the	se of changing appointment as	its registered
agent. 1 a	am familiar with, and accept the oblig	ations of, Section 607.0505, Fl	orida Sta	itutes.				
SIGNATURE								
12.	Signature, typed or printed name of registered ag		E: Registere	ed Agent	signature require	ed when reinstating) DA	JE .	
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14. I hereby certify that the information supplied with this filling 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 accurate and the received to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, Changed or open attachments and ress, the proof of the accurate and the research of the same legal effect as if made under oath; that I am an officer or director of the accurate and the same legal effect as if made under oath; that I am an officer of directors are the same legal effect as if made under oath; that I am an officer of the accurate and the same legal effect as if made under oath; that I am an officer of the accurate and the same legal effect as if made under oath; that I am an officer of the accurate and the same legal effect as if made under oath; that I am an officer of the accurate and the same legal effect as if made under oath; that I am an officer of the accurate and the same legal effect as if made under oath; that I am an officer of the accurate and the same legal effect as if the same legal effect a

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