

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90294 002 ***150.00

DOCUMENT # 280062

1. Corporation Name
ALFORD TIMBER, INC.

Principal Place of Business

HIGHWAY #100 WEST
ROUTE 1, BOX 2000
PALATKA FL 32177

Mailing Address

HIGHWAY #100 WEST
ROUTE 1, BOX 2000
PALATKA FL 32177



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1964

4. FEI Number

59-1297672

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Route 8, Box 2000
Suite, Apt. #, etc.

2a. Mailing Address

26 Route 8, Box 2000
Suite, Apt. #, etc.

City & State

23 Palatka, Florida

City & State

28 Palatka, Florida

Zip Country

24 32177

Zip Country

29 32177

30

9. Name and Address of Current Registered Agent

ALFORD, C E
ROUTE 1, BOX 2000
PALATKA FL 32077

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

TITLE PD ☐ DELETE

NAME ALFORD, BRYAN T.
STREET ADDRESS ROUTE 1, BOX 2000
CITY-ST-ZIP PALATKA, FL 00000

TITLE VPD ☐ DELETE

NAME ALFORD, JR, CHARLES E
STREET ADDRESS ROUTE 1, BOX 2000
CITY-ST-ZIP PALATKA, FL 00000

TITLE STD ☐ DELETE

NAME CLAPP, KATHERYN A.
STREET ADDRESS ROUTE 1, BOX 2000
CITY-ST-ZIP PALATKA, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

904-325-7330

Daytime Phone #

CR2E034 (1/98)