

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

FILED

Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 300335 (7)

1. Corporation Name
LEE WOOD AND TIMBER COMPANY, INC.



Principal Place of Business 5245 RAMSEY WAY, STE 7 FORT MYERS FL 33902-8386 US	Mailing Address 5245 RAMSEY WAY, STE 7 PO BOX 1386 FORT MYERS FL 33902-1386 US
---	--

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 12/30/1965	3a. Date of Last Report 03/14/1996
4. FEI Number 59-1549800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CUTSHALL, PAUL
21731 TUCKAHOE ROAD
FORT MYERS, FLORIDA
ALVA FL 33920

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE	11.2 NAME	11.1 TITLE	11.2 NAME
11.3 STREET ADDRESS	11.4 CITY - ST - ZIP	11.3 STREET ADDRESS	11.4 CITY - ST - ZIP
12.1 TITLE	12.2 NAME	12.1 TITLE	12.2 NAME
12.3 STREET ADDRESS	12.4 CITY - ST - ZIP	12.3 STREET ADDRESS	12.4 CITY - ST - ZIP
13.1 TITLE	13.2 NAME	13.1 TITLE	13.2 NAME
13.3 STREET ADDRESS	13.4 CITY - ST - ZIP	13.3 STREET ADDRESS	13.4 CITY - ST - ZIP
14.1 TITLE	14.2 NAME	14.1 TITLE	14.2 NAME
14.3 STREET ADDRESS	14.4 CITY - ST - ZIP	14.3 STREET ADDRESS	14.4 CITY - ST - ZIP
15.1 TITLE	15.2 NAME	15.1 TITLE	15.2 NAME
15.3 STREET ADDRESS	15.4 CITY - ST - ZIP	15.3 STREET ADDRESS	15.4 CITY - ST - ZIP
16.1 TITLE	16.2 NAME	16.1 TITLE	16.2 NAME
16.3 STREET ADDRESS	16.4 CITY - ST - ZIP	16.3 STREET ADDRESS	16.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: Paul Cutshall 3/14/96 941-936-8232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)