

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

**FILED**

**Jan 30 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 # 322603**

**(2)**

**1. Corporation Name  
VOLUSIA TIMBER CORPORATION**



Principal Place of Business:

Mailing Address:

**162 2ND. AVE. W  
P.O. BOX 1  
PIERSON FL 32180-0001  
US**

**162 2ND. AVE. W  
P.O. BOX 1  
PIERSON FL 32180-0001  
US**

<b>3. Date Incorporated or Qualified</b> 10/27/1967	<b>3a. Date of Last Report</b> 02/08/1996
<b>4. FEI Number</b> 59-1174669	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**2. Principal Place of Business**

**2a. Mailing Address**

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ALBRIGHT, THOMAS B  
1 ARROWHEAD DRIVE  
ORMOND BEACH FL 32074**

**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 in pencil over printed registered agent, and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>ALBRIGHT, THOMAS B</b>	
STREET ADDRESS	<b>1 ARROWHEAD DRIVE</b>	
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>PDSM</b>	<input type="checkbox"/> DELETE
NAME	<b>ALBRIGHT, THOMAS D.</b>	
STREET ADDRESS	<b>141 BUCKSKIN LANE</b>	
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALBRIGHT, EVELYN M.</b>	
STREET ADDRESS	<b>1 ARROWHEAD DR.</b>	
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>ALBRIGHT, CRAIG N.</b>	
STREET ADDRESS	<b>3 ARROWHEAD DR.</b>	
CITY - ST - ZIP	<b>ORMOND BCH. FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALBRIGHT, SCOTT R.</b>	
STREET ADDRESS	<b>5500 N.W. 150 ST.</b>	
CITY - ST - ZIP	<b>REDDICK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: Thomas D. Albright THOMAS D. ALBRIGHT**

01-22-97

904-677-9360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)