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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**



2. Principal Place of Business:

2a. Mailing Address:

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current 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

3. Date Incorporated or Qualified

10/27/1967

3a. Date of Last Report

02/08/1996

4. FEI Number

59-1174669

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 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 ☐ DELETE

NAME **CD**
STREET ADDRESS **ALBRIGHT, THOMAS B**
1 ARROWHEAD DRIVE
CITY- ST- ZIP **ORMOND BEACH FL**

TITLE ☐ DELETE

NAME **PDSM**
STREET ADDRESS **ALBRIGHT, THOMAS D.**
141 BUCKSKIN LANE
CITY- ST- ZIP **ORMOND BEACH FL**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **ALBRIGHT, EVELYN M.**
1 ARROWHEAD DR.
CITY- ST- ZIP **ORMOND BEACH FL**

TITLE ☐ DELETE

NAME **VTD**
STREET ADDRESS **ALBRIGHT, CRAIG N.**
3 ARROWHEAD DR.
CITY- ST- ZIP **ORMOND BCH. FL**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **ALBRIGHT, SCOTT R.**
5500 N.W. 150 ST.
CITY- ST- ZIP **REDDICK FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 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 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

Date

Daytime Phone #

CR2E034 (9/96)