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FILED  
Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/27/1967

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

ALBRIGHT, THOMAS B  
1 ARROWHEAD DRIVE  
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

141 Buckskin Lane

83

84 City SAME

FL

85 Zip Code SAME

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 CD ☐ DELETE

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

TITLE PDSM ☐ DELETE

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

TITLE D ☒ DELETE

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

TITLE VTD ☒ DELETE

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

TITLE D ☐ DELETE

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

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

000002405490

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\*\*\*300.00

AN 1-20

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.