

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  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90097 010 \*\*\*158.75

DOCUMENT # 322603

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

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 the current year Intangible  
Personal Property Tax.



Yes



No

2. Principal Place of Business

21 1330 N. Hwy 17  
Suite, Apt. #, etc.

2a. Mailing Address

26 1330 N. Hwy 17  
Suite, Apt. #, etc.

22 P.O. Box 1

27 P.O. Box 1

City & State

23 Pierson, FL

City & State

28 Pierson, FL

Zip Country

24 32180-0001 25 US

Zip Country

29 32180-0001 30 US

9. Name and Address of Current Registered Agent

ALBRIGHT, THOMAS B  
141 BUCKSKIN LANE  
ORMOND BCH. FL 32074

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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: Thomas Albright PRES. 1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-99

Date

904-749-2252

Daytime Phone #

CR2E034 (11/98)