FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

101

	ERED TIMBER SALES, INC	ζ-,				
Principal Place of Business 3016 GRAHAM LANE TAMPA FL 33618		Mailing Address			I INDIAN SILIS ISBNO ISBN LOUIS MAILE	ann angh angh albh albh Albh Albh Digit iadh
		3016 GRAHAM LANE TAMPA FL 33618				
					3. Date incorporated or Qualified 12/07/1967	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address			4. FB Number	05/01/1995 Applied For
	THE REPARENCE OF THE PARENCE OF THE	26			59-1217252	Not Applicable
Suite, Apt. r	#. etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			6. Election Campaign Financing	Fee Required
]		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 1	Country	7φ	Country		8. This corporation has liability for	
L	25 9. Name and Address of Currer	29	30			□No
	g, Name and Address of Curren	it Registered Agent	81	Name	10. Name and Address of New R	egistered Agent
DILIO NALIAN	AP AI					
PUGH, JANE N			82	Street Add	ress (P.O. Box Number is Not Acceptab	ile)
3016 GRAHAM LN TAMPA FL 33618			83			
TENNEZ T	L VVV IV		84	City		85 Zip Code
				' '	ration submits this statement for the pur	FL T
GNATURE	h, and accept the obligations of, Sec Signature typed or printed has a of registered again OFFICERS AN	त्रदर्गाहरू किंग्नुसं, त्रोकें (NO	Te: Rug sverod Agu	it Superatura respons	AODITIONS OF LANGES TO OFF	DATE ICE BS AND DIRECTORS IN 12
īLĒ	PD	☐ DELETE	1 1 TILE		ABBITIONS OF ANGLO TO OFF	Change Addition
ME	PUGH, JOHN B		1.2 NAME			— · <u>—</u>
REET ADDRESS	3016 GRAHAM LANE		1.3 STREET	ADOHESS		
Y-S1-ZIP	TAMPA FL.		1.4 CITY - 9	I - ZIP		
LE Me	TS DELETE		2 1 TIT_E		Change Addit	
REET ADDRESS	PUGH, JANE N		2.2 NAME	.564		
Y-ST-ZIP	3016 GRAHAM LANE TAMPA FL		2.3 STREET			
LE	D DELETE		2.4 CITY - \$1 - 71P 3.1 TITLE			Change Addition
ME	PUGH,JANE N		3.2 NAME			
REET ADDRESS	3016 GRAHAM LANE		33 STREE	ADDRESS		
Y-ST-ZIP	TAMPA FL		3.4 CiTy - S	T - Z (P		
LE			4 1 T-TLE	Ì		Change Addition
ME DEET ADDRESS			4.2 NAME			
REET ADDRESS Y-ST-ZIP			43 STREET	ŀ		
LF		DELETE	5 1 TILLE	1 · ZIP		Charge Addition
ME .			5 2 NAME			The pure Ac The world from
REET ADDRESS			5.3 S1REE1	ADORESS		
Y · ST · ZIP			5.4 CHY - S			
LE		☐ DELETE	6 1 TIFLE			Change Addition
ME			6.2 NAME			
REET ADDRESS			B 3 STHEES	ADDRESS		
TY-S1-ZIP	continue that the information and	The second second	64 CHY - S	T-ZIP		
oath; that I	ure information indicated on this anni	ia report or supplemental anni iration or the receiver or truster	ual report is tru eninowered t	രാഗരി മരവരാ	for the exemption stated in Section 119 in the and that my signature shall have the is report as required by Chapter 607, Fig.	earna lookii affaat ar if mada wada

SIGNATURE:

PED OR PRINTED NAME OF MONING OFFICER OR DIRECTOR

May 15, 1996 813/935-0549

CR2E034 (12/95)