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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

CICMATUDE:

DOCU	MENT # 327	741 (5)			
	NATIONAL TIMBER CO				
Principal Plac	e of Business	Mailing Address			Stell ninit kinit dinit tani
272 ST PATRICK AVE		272 ST PATRICK AVE			
PO BOX 6301 PENSACOLA FL 32503		PO BOX 6301		DO NOT WRITE IN THIS	DDACE.
PENSAUULA	FL 92503	PENSACOLA FL 32503		DO NOT WRITE IN THIS:  3. Date Incorporated or Qualified	SPACE
				03/20/1968	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1217607	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		A 51 11 00 00 11 50 11 11 11 11 11 11 11 11 11 11 11 11 11	Fee Required
23	•	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	☐ Yes ☐ No
		Current Registered Agent		10. Name and Address of New Registered	Agent
	RICOLA, FRANK E, JR		81 Name		
272 ST PATRICK AVE			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
PE	NSACOLA FL 32503		83		
			B4 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 regis	lered accol and title if applicable (NOTE:	Registered Agent signature re	equired when reinstating) DATE	
12.		RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PO	DELETE	1.1 TITLE		Change Addition
NAME	PERICOLA, FRANK E, J	R	1.2 NAME		
STREET ADDRESS	272 ST PATRICK AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000		1.4 CITY - ST - ZIP		
TITLE	MADRUGA, PAULA DIAI	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	272 ST. PATRICK AVEN		2.2 NAME		
CITY-ST-ZIP	PENSACOLA, FL 00000		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	•	
TITLE	VPD	DELETE	3.1 TITLE		Change Addition
NAME	FOXWORTH, CONSUEL	O L.	3.2 NAME		<del>-</del>
STREET ADDRESS	272 ST. PATRICK AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETÉ	4.4 City-St-ZiP		Change Addo:
TITLE Name		T Deceis	51 TITLE		Change
STREET ADDRESS			5.2 NAME 5.3 Street address		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		-	6.2 NAME		· • • • • • • • • • • • • • • • • • • •
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 trusted 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.

Frunk & Paris D. 12 476-619

**FILED** 

Feb 02 1998 8:00am

Secretary of State