

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G26466** (4)

1. Corporation Name
CLYDE FOSTER TIMBER COMPANY, INC.



Principal Place of Business: **% CLYDE FOSTER 208 MAGNOLIA ST. MILTON FL 32570**
Mailing Address: **% CLYDE FOSTER 208 MAGNOLIA ST. MILTON FL 32570**

2. Principal Place of Business: [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country [25]
2a. Mailing Address: [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country [30]

3. Date Incorporated or Qualified: **03/02/1983**
3a. Date of Last Report: **03/15/1995**
4. FID Number: **59-2294249** 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

9. Name and Address of Current Registered Agent

**FOSTER, CLYDE
208 MAGNOLIA AVE.
MILTON FL 32570**

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 607.1104, 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 617.0501, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|------------|
| TITLE | PD | [] DELETE |
| NAME | FOSTER, CLYDE | |
| STREET ADDRESS | 208 MAGNOLIA ST. | |
| CITY, ST, ZIP | MILTON FL | |
| TITLE | STD | [] DELETE |
| NAME | FOSTER, ROSA L. | |
| STREET ADDRESS | 208 MAGNOLIA ST. | |
| CITY, ST, ZIP | MILTON FL | |
| TITLE | VD | [] DELETE |
| NAME | DULANEY, EMILY C. | |
| STREET ADDRESS | 208 MAGNOLIA ST. | |
| CITY, ST, ZIP | MILTON FL | |
| TITLE | | [] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | [] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|-------------------------|
| 11. TITLE | [] Change [] Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY, ST, ZIP | [] Change [] Addition |
| 15. NAME | |
| 16. STREET ADDRESS | |
| 17. CITY, ST, ZIP | [] Change [] Addition |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. CITY, ST, ZIP | [] Change [] Addition |
| 21. NAME | |
| 22. STREET ADDRESS | |
| 23. CITY, ST, ZIP | [] Change [] Addition |
| 24. NAME | |
| 25. STREET ADDRESS | |
| 26. CITY, ST, ZIP | [] Change [] Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 person 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 of this filing.

SIGNATURE: *Clyde Foster* **CLYDE FOSTER** 3/12/96 904-626-8664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)