

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H02387 (9)**

1. Corporation Name

**WEST FLORIDA LAND & TIMBER COMPANY, INC.**



Principal Place of Business

P.O. BOX 111  
CHIPLEY FL 32428  
US

Mailing Address

P.O. BOX 111  
CHIPLEY FL 32428  
US

3. Date Incorporated or Qualified <b>05/04/1984</b>	3a. Date of Last Report <b>04/25/1995</b>
4. FLL Number <b>59-2412286</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**KING, WESLEY  
699 HWY. 90 WEST  
P O BOX 111  
CHIPLEY FL 32428**

**10. Name and Address of New Registered Agent**

81. Name <b>King, Wesley</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>615 W. JACKSON AVE</b>
83. P.O. Box # <b>P.O. Box 111</b>
84. City <b>Chipley</b>
85. State <b>FL</b>
86. Zip Code <b>32428</b>

11. Pursuant to the provisions of Sections 607.0402 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: *Wesley King* DATE: *05/04/1995*

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE <b>DP</b>	NAME <b>KING, WESLEY</b>	<input type="checkbox"/>
STREET ADDRESS <b>699 HWY. 90 WEST</b>	CITY-STATE-ZIP <b>CHIPLEY FL</b>	
TITLE <b>DST</b>	NAME <b>KING, TAMMY O.</b>	<input type="checkbox"/>
STREET ADDRESS <b>699 HWY. 90 WEST</b>	CITY-STATE-ZIP <b>CHIPLEY FL</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11. TITLE	12. NAME		
13. STREET ADDRESS <b>615 W. JACKSON AVE.</b>	14. CITY-STATE-ZIP <b>Chipley, FL.</b>	<input type="checkbox"/>	<input type="checkbox"/>
21. TITLE	22. NAME		
23. STREET ADDRESS <b>615 W. JACKSON AVE</b>	24. CITY-STATE-ZIP <b>Chipley, FL.</b>	<input type="checkbox"/>	<input type="checkbox"/>
31. TITLE	32. NAME		
33. STREET ADDRESS	34. CITY-STATE-ZIP		
41. TITLE	42. NAME		
43. STREET ADDRESS	44. CITY-STATE-ZIP		
51. TITLE	52. NAME		
53. STREET ADDRESS	54. CITY-STATE-ZIP		
61. TITLE	62. NAME		
63. STREET ADDRESS	64. CITY-STATE-ZIP		

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)(k), 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.

SIGNATURE: *Wesley King* *Wesley King* 0 904-638-4860

CR2E034 (12/95)