

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

27 AUG 13 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

pg. 1 of 2

DOCUMENT # H34040 (6)  
1. Corporation Name  
FLORIDA FORESTRY SERVICES, INC.



Principal Place of Business

4131 NW 13TH ST #228  
GAINESVILLE FL 32609

Mailing Address

4131 NW 13TH ST #228  
GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1984		3a. Date of Last Report 05/09/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2474280		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DAVIDSON, ALBERT I.  
4131 NW 13TH ST #228  
GAINESVILLE FL 32609

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, ALBERT I.	1.2 NAME	
STREET ADDRESS	6425 NW 54TH WAY	1.3 STREET ADDRESS	900002271139--5
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	-08/19/97--01040--013
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	****165.00 ****165.00
NAME		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (4/97)

Q. Alan  
8/3/97

252-375472



Buyers of Pine, Hardwood,  
and Cypress Timber

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July 15, 1997

Division of Corporations  
Attention: Annual Reports  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: 1997 Profit Corporation Annual Reports and Filing Fees: Columbia  
Timber Company (#K54522) and  
Florida Forestry Services (#H34040)**

Dear Sirs;

Enclosed are the 1997 Profit Corporation Annual Reports and checks for the filing fees in the amount of \$165.00 each for Columbia Timber Co., Inc., # K54522, and Florida Forestry Services, Inc., ##H34040, respectively.

As you will note, the package received stated these were the second notices and therefore requiring fees of \$550.00 each. Upon receiving these packets for the FIRST time, I immediately called your offices to explain that neither company had received the first notice or packet. If we had, we would have surely paid the fees in a timely manner to avoid having to pay 3 times the initial fee. Per the advice of one of your representatives, I was instructed to send you the completed report with the original \$165.00 filing fee with a letter explaining that we had not received the initial packet or notice.

I can not account for the missing packets, i.e., both companies' were never received, but I assure you that whatever happened was not intentional and I look to you for a resolution. Thank you for your consideration.

Regards

Columbia Timber Company  
Florida Forestry Services

A handwritten signature in cursive script that reads "Sheryl L. Dixon".

Sheryl L. Dixon  
Controller

1997 Corp annual report.doc

Office 904-378-1473

Fax 904-378-7295

4131 NW 13th St.

Suite 228