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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # **H37541** 

(0)

1. Corporation Name  LISTER TIMBER & CHIP COMPANY  Principal Place of Business  ROUTE 1. BOX 890 HIGHWAY 71 SOUTH HIGHWAY 71 SOUTH WEWAHITCHKA FL 32465  ROUTE 1. BOX 890 HIGHWAY 71 SOUTH WEWAHITCHKA FL 32465									
US		US				<ol> <li>Date Incorporated or Qualified 01/10/1985</li> </ol>	3a. Date of Last Report 05/01/1995		
2. Principal Pla		2a. Mailing Add	iress			4. FEI Number			Applied For
	pme	26 500	<del></del>			59-2294491		[	Not Applicable
Suite, Apt. #	F, etc.	Suite Apt.	#, etc			5. Certificate of Stafus Desired			Additional Required
City & State	}	City & State	9			6. Election Campaign Financing			May Be
3		28				Trust Fund Contribution			d to Fees
Zip 24	Country 25	Ζφ <b>29</b>	30	Country		This corporation has liability for Florida Statutes	intangible ta s 🖳 No	x under s	199.032,
	9. Name and Address of Curr	ent Registered Agen	t			10. Name and Address of New I	Registered	Agent	
				81	Name				
	FLOYD C., JR. 1, BOX 890			82	Street Addre	ess (P.O. Box Number is Not Acceptal	ble)		
	1, BOX 890 ITCHKA FL 32465			83					
*******	HIVE I & V&TOV			84	City			1_1	
				64	City		FL		) Code
or redistere	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Se	onda. Such change wa:	s authorized by:	above-na the corpor	amed corpora oration's boar	ation submits this statement for the purel of directors. Thereby accept the app	irpose of cha pointment as	inging its r registered	egistered office agent. I am
or registere familiar with SIGNATURE	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Synature tyled or printed hand of relysteric agr	orida. Such change wa: orida 607.0505, Frorida origanization	s authorized by Statutes.	the corpor	ration's boar	d of directors. I hereby accept the app	DATE	registered	agent. I am
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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 corporations the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 13 if changed, or primary although the medium of the corporation of the corporation

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DECTOR

9046383034