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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90263 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H61155

1. Corporation Name

ELIXSON WOOD PRODUCTS, INCORPORATED

Principal Place of Business

Mailing Address

% KNNETH ELIXSON
RTE 4, BOX 299
STARKE FL 32091

% KNNETH ELIXSON
RTE 4, BOX 299
STARKE FL 32091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1985

4. FEI Number

59-2556090

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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9. Name and Address of Current Registered Agent

**ELIXSON, KENNETH
ROUTE 4, BOX 299
STARKE FL 32091**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

FL

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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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **BRYANT, JAMES A**

STREET ADDRESS **RT 4 BOX 299 NA**

CITY-ST-ZIP **STARKE FL**

TITLE ☐ DELETE

NAME **BRYANT, KARAN A**

STREET ADDRESS **RT 4 BOX 299 NA**

CITY-ST-ZIP **STARKE FL**

TITLE ☐ DELETE

NAME **DS**

STREET ADDRESS **ELIXSON, DELORIS L.**

CITY-ST-ZIP **RT 4 BOX 299 NA**

CITY-ST-ZIP **STARKE FL**

TITLE ☐ DELETE

NAME **DV**

STREET ADDRESS **ELIXSON, KEVIN**

CITY-ST-ZIP **ROUTE 4 BOX 289**

CITY-ST-ZIP **STARKE FL 32901**

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE:

James A. Bryant
James A. Bryant, President

2-16-99

Date

(904) 968-1609

Daytime Phone #

CR2E034 (11/98)