

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H66148 (8)**  
 1. Corporation Name  
**RUSSELL TIMBER & TRUCKING COMPANY, INC.**



Principal Place of Business Mailing Address  
**STATE ROAD 70 & 80 P.O. BOX 1430 BUNNELL FL 32110-1430**      **STATE ROAD 70 & 80 P.O. BOX 1430 BUNNELL FL 32110-1430**

3. Date Incorporated or Qualified **07/12/1985**      3a. Date of Last Report **07/07/1995**  
 4. FEI Number **59-2555536**      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

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

9. Name and Address of Current Registered Agent  
**RUSSELL, E. G.  
 COUNTY ROAD 70 & 80  
 P.O. BOX 491  
 BUNNELL FL 32010**

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's signature required when replacing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	11 TITLE	PRES/DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, JAMES H.	12 NAME	E.G. RUSSELL
STREET ADDRESS	PO BOX 1463 N/A	13 STREET ADDRESS	Co. RD 65 & 80
CITY-ST-ZIP	BUNNELL FL	14 CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	VD <input checked="" type="checkbox"/> DELETE	21 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, THOMAS A	22 NAME	DORIS L. RUSSELL
STREET ADDRESS	STATE RD 13	23 STREET ADDRESS	Co. RD 65 & 80
CITY-ST-ZIP	ESPANOLA FL	24 CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	STD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSELL, E. G.	32 NAME	
STREET ADDRESS	COUNTRY ROAD 70 & 80	33 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	34 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, ALAN K	42 NAME	
STREET ADDRESS	702 N. CHAPEL ST.	43 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL 32110	44 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, THOMAS A	52 NAME	
STREET ADDRESS	STATE RD. 13	53 STREET ADDRESS	
CITY-ST-ZIP	ESPANOLA FL 32110	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *E. G. Russell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**E. G. RUSSELL**

Date: 10-11-96 (904) 437-3489

CR2E034 (3/96)