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FILED

Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

STATE ROAD 70 & 90  
P.O. BOX 1430  
BUNNELL FL 32110-1430

Mailing Address

STATE ROAD 70 & 90  
P.O. BOX 1430  
BUNNELL FL 32110-1430



3. Date Incorporated or Qualified

07/12/1985

3a. Date of Last Report

07/08/1996

2. Principal Place of Business

21 COUNTY ROAD 65 & 80

2a. Mailing Address

26 COUNTY ROAD 65 & 80

Suite, Apt. #, etc.

P.O. BOX 1430

Suite, Apt. #, etc.

27 P.O. BOX 1430

City & State

23 BUNNELL, FL.

City & State

28 BUNNELL, FL.

Zip

24 32110

Country

25 FLAFLER

Zip

29 32110

Country

30 FLAFLER

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

9. Name and Address of Current Registered Agent

RUSSELL, E. G.  
COUNTY ROAD 70 & 90  
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)

COUNTY ROAD 65 & 80

83

P.O. BOX 491

84 City

BUNNELL, FL.

FL

85 Zip Code

32110

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RUSSELL, EG  
STREET ADDRESS CO RD 65-80  
CITY-ST-ZIP BUNNELL FL

TITLE VP ☐ DELETE

NAME RUSSELL, DORIS L  
STREET ADDRESS CO RD 65-80  
CITY-ST-ZIP BUNNELL FL

TITLE STD ☐ DELETE

NAME RUSELL, E. G.  
STREET ADDRESS COUNTRY ROAD 70 & 90  
CITY-ST-ZIP BUNNELL FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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.

SIGNATURE: E.G. RUSSELL

S/T/D

E. G. Russell 1-15/97

904-437-3409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0020029

CR2E034 (9/96)