FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996		DIVISION OF	CORPORATIONS				
DOCUMENT A	# H68941	(4)					
PULLAM LOGGIN	NG, INC.			r anni dri dele delor i dri di dri di dri	n (18+818))	an aran bian B	11611 418 11 1 86 1
Principal Class of Quaiross		Mailing Address					
Principal Place of Business		C/O GILFORD EUGENE PULLAM					
C/O GILFORD EUGENE PU ROUTE 1. BOX 48	ILLAM	ROUTE 1, BOX 48	E PULLAM				
HOSFORD FL 32334		HOSFORD FL 32334		Date incorporated or Qualified 07/30/1985		a. Date of Last Report 05/10/1995	
2. Principal Place of Busines	s	2a, Mailing Address		4. FEI Number			pplied For
1		26		59-2555075			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired			Additional equired
City & State		Gity & State		6. Election Campaign Financing Trust Fund Contribution		• •) May Be to Fees
Zip	Country	Z _(F)	Country	8. This corporation has liability for	intangible t		
4 2	5	29	30		i □ No		
g. Name a	and Address of Current F	legistered Agent	81 Name	10. Name and Address of New I	registered	Agent	
m. n . 44 . 60 me -	5.105.15						
PULLAM, GILFORD EUGENE			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)		
ROUTE 1, BOX 48 HOSFORD FL 3233	A		83				
HUSEUND FL 3233			84 City			85 Zip	Code
			[] - ,		FL	_	
11. Pursuant to the provision	ris of Sections 607,0502 ar	nd 607,1508, Florida Statut	es, the above named corporation's bo	pration submits this statement for the pu	irpose of ch	nanging its re s registered.	egistered office agent. Lam
familiar with, and accept	t the obligations of, Section	607.0505, Florida Statules		oration submits this statement for the po and of directors. Thereby accept the app			- 5
SIGNATURE JULIA	of name un	Dame Gilt	ond Fugene	Mill out	2-0	1-01	P
12.	OFFICERS AND [JIRECTORS	13.	ADDITIONS/CHANGES TO OF			
TITLE DP		DELFTE	1 17/11/2			Change	☐ Addition
	, GILFORD EUGENE		1.2 NAME				
	, BOX 48		1.3 STREET ADDRESS				
CHY-ST-ZIP HOSFO	RD FL	☐ DELETE	2.1 TITLE			Change	☐ Addit on
TITLE			2 2 NAME				
NAME STREET ADDRESS			2.3 STREET ACORESS				
CITY - ST - ZIP			2.4 CHY+51+ZIP				
TITLE		☐ DELETE	3 1 TIFLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			33 STREET ADORESS				
CITY-SI-ZIP			3.4 CITY - ST - ZIF			FT Charac	[7] Addition
TIFLE		☐ DELETE	4 1 101, 6			Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP TAILE		DELFIE	5 11°LE			☐ Change	Addition
NAME		J	5.2 NAME				
STREET ADDRESS							
CITY - ST - ZIF			5.3 STHELL ADDRESS				
TITLE			5 3 STHELT ADDRESS 5 4 City - ST-ZIP				••••
		DELETE				Change	Addition
NAME		☐ DEFE1E	5 4 City - St - ZiP			Change	Addition
NAME STREET ADDRESS	1	☐ DELETE	5 4 CITY - ST-7IP 6 1 TILLE 6 2 NAME 6 3 STREET ADDRESS			Change	Addition
STREET ADDRESS			5.4 CHY-SI-ZIP 6.1 THLE 6.2 NAME 6.3 SIREFI ADDRESS 6.4 CHY-SI-ZIP	, for the exemption stated in Section 11	6 07/3ik1 F		

not nereby certify that the information supplied with this ting is voluntarily turnished and codes not quality for the exemption stated in Section 119.07(3)(3), Florida Statutes. 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: SIGNATURE AND TYPED OR PRINTED WARE OF SIGNING OFFICER OR DIRECTOR