## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # H83647

(8)

LONGLEAF FOREST PRODUCTS, INC.

Principal Place 1325 YORKTON DELAND FL 32	AN ST.	Mailing Address 1325 YORKTOWN ST. OELAND FL 32724-2198	1325 YORKTOWN ST.						
						<ol> <li>Date Incorporated or Qualified</li> <li>11/04/1985</li> </ol>	1	te of Last R <b>29/1996</b>	eport
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	V6/		plied For
21		26				59-2589552		No	t Applicable
Suite, Apt. :		Suite, Apt. #, otc. 27	27			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	9	t 1	City & State			6. Election Campaign Financing	m	\$5.00	
<b>23</b> Zip	Country	28 Zin	Zip Country			Trust Fund Contribution		Added	
24	25 29			,		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9, Name and Address of Curre		30			10. Name and Address of New Re		gent	·., · <del>- · · · · · · · · · · · · · · · · · </del>
WHEELER, ROBERT M.				B1	Name				
	5 YORKTOWN STREET		İ	82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	AND FL 32724		]				·		
			į	83					
			ì	84	City			85 Zip (	Code
11. Pursuant t	to the provisions of Sections 607 050	02 and 607 1508 Florida Statu	ites the al	2000	-named corr	poration submits this statement for the p	FL uroose of	changing it	s registered
office or re agent. I as	egistered agent, or both, in the State in familiar with, and accept the oblight Stgnature, typed or printed name of registered age	e of Florida Such change was lations of, Section 607.0505, F	authoriżeo Jorida Stat	d by utes	the corpora s.	tion's board of directors. I hereby acception is board of directors. I hereby acception in the state of the s	of the appoint	ointment as	registered
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12
TITLE	PD DELFTE			1.1 TITLE				Change	Addition
NAME	WHEELER, ROBERT M.		1.2 NAME		Ì				
STREET ADDRESS	240 KATRINA ST		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	DELEON SPRINGS FL				1 - 7IP				
TITLE	VSD	☐ DELLTE	- 1	2.1				Change	L_ Addition
NAME	WHEELER, GAYEMARIE		2.2 NAME						
STREET ADDRESS	240 KATRINA ST DELEON SPRINGS FL		2.3 \$1 REET ADDRESS 2.4 CITY - S1 - ZIP						
TITLE	DELECTI SPRINGS PL	L DELETE		3.1 TITLE				Change	Addition
NAME	Y		3.2 NAME					LLI O'M'IBO	
STREET ADDRESS			3.3 \$1REE1 ADDRESS		ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				ST-ZIP				
TITLE		☐ DELETE	4.1 111	4.1 TITLE				Change	Addition
NAME	<b>f</b> '		4. 2 N	AMÉ	ļ				
STREET ADDRESS			4.3 ŞT	REET	ADDRESS				
CITY-ST-ZIP			4.4 0		T-ZIP			<del></del>	
TITLE				5.1 TITLE				Change	Addition
NAME CYDECY ADDRESS			5.2 N/		1000100				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 C) 6.1 T()		1- ZII'		_ <del></del>	Change	Addition
NAME			6.2 N		ĺ				
STREET ADDRESS	Name and the Name of the Name				ADDRESS	•			
CITY-ST-ZIP	特別を基金のよう。   大学   大学   大学   大学   大学   大学   大学   大学		640		Į.				
Informatio	n indicated on this period connect or	curulamental appuat raped in	lify for the	exe	mption states	d in Section 119.07(3)(i), Florida Statute it my signature shall have the same lega rt as required by Chapter 607, Florida S	Loffoot on	If made us	dar anth, that