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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name H83647 I CANCELE FOREST PRODUCTS INC

(8)

FILED May 13 1998 8:00am Secretary of State

LONGLEAR FOREST PRODUCTS, I	140.				
Principal Place of Business	Mailing Address			- I realitie and relief filte filte filte filte salte salte filte	Alait Biait Bibit Biait aini 16áí
1325 YORKTOWN 8T. 1325 YORKTOWN ST. DELAND FL 32724 DELAND FL 32724					
				DO NOT INDITE IN T	HIC COACE
				DO NOT WRITE IN TI 3. Date Incorporated or Qualified	HIS SPACE
				11/04/1985	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			59-2589552	Not Applicable
Suite, Apt #, etc					\$8.75 Additional
22	27			5. Certificate of Status Desired	Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip Country		8. This corporation owes or has paid the	current year Intangible	
24 25	29 30		Personal Property Tax due June 30. Yes No		
9. Name and Address of Current	Registered Agent		II No	10. Name and Address of New Registe	red Agent
WHEELER, ROBERT M.		81	Name		j
1325 YORKTOWN STREET		82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
DELAND FL 32724		63			
		68	'		
		84	City		85 Zip Code
44 D	CO2 4500 Ft				FL 65 Zip Code
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of 	of Florida, Such change was a	es, the abov authorized b	ve-named corp by the corporati	ion's board of directors. I hereby accept the	appointment as registered
agent. I am familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statute	es.		
SIGNATURE Signature, typed or printed name of registered agen	Lead that discussion (NOT	F: Banistared Ad	gent signature require	ed when reinstating) DA	TF.
12. OFFICERS AND		13.	gort organist require	ADDITIONS/CHANGES TO OFFICERS	
TITLE PD	DELETE 1.1 TITLE				☐ Change ☐ Addition
NAME WHEELER, ROBERT M.	ERT M. 12N				}
STREET ADDRESS 240 KATRINA ST			T ADDRESS		
CITY-ST-ZIP DELEON SPRINGS FL	1.4 CIT		ST-ZIP		
TITLE VSD	☐ DELETE 2.1 TIT				Change Addition
NAME WHEELER, GAYEMARIE	2.2 N				1
			T ADDRESS		
CITY-ST-ZIP DELEON SPRINGS FL			- ST - ZIP		
TITLE	DELETE 3.1 TIT		1		Change Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREE	T ADDRESS		
CITY-S1-ZIP	[7] no. cre	3 4. CITY-		· · · · · · · · · · · · · · · · · · ·	
TITLE	[DELETE	4.1 TITLE			Change Addition
HAME		4. 2 NAME			
STREET ADDRESS			T ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY - ST - ZIP			Change Addition
TITLE	ר"ו מנרנונ	5.1 TITLE			☐ Change ☐ Addition
NAME CTREET ADORGE		5.2 NAME	ſ		
STREET ADDRESS		1	T ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CiTY+ST-ZIP 6.1 TiTLE			Change Addition
NAME	בן טנונונ	6.2 NAME			C Counge C Adduttil)
STREET ADDRESS		1	T ADORESS		
CITY-SI-ZIP		6.4 CITY-	1		
	h this filing does not qualify to			Section 119.07(3)(i), Florida Statutes. I furthe	or 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 chapted, or on an attachment with an address.