

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

**FILED**  
**Mar 19 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 # J67374 (5)**

**DRIGGERS LOGGING, INC.**



Principal Place of Business: **% JOHNNIE L. DRIGGERS RT 1 BOX 149A GREENVILLE FL 32331**  
 Mailing Address: **% JOHNNIE L. DRIGGERS RT 1 BOX 149A GREENVILLE FL 32331-9608**

3. Date Incorporated or Qualified: **04/15/1987**  
 3a. Date of Last Report: **07/03/1996**  
 4. FEI Number: **58-1725494**  
 Applied For:  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:  
 21. Suite, Apt. #, etc.  
 22. City & State  
 23. Zip Country  
 24. Zip Country  
 25. Country  
 26. Suite, Apt. #, etc.  
 27. City & State  
 28. Zip Country  
 29. Zip Country  
 30. Country

**9. Name and Address of Current Registered Agent**

**DRIGGERS, JOHNNIE L.  
 RT 1 BOX 149A  
 GREENVILLE FL 32331**

**10. Name and Address of New Registered Agent**

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 85. Zip Code  
**FL**

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 signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <b>Pres., Dir., Pres., Sec/Treas</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DRIGGERS, JOHNNIE L.</b>		1.2 NAME: <b>DRIGGERS, JOHNNIE L.</b>	
STREET ADDRESS: <b>RT 1 BOX 149A</b>		1.3 STREET ADDRESS: <b>RT. 1 Box 149A</b>	
CITY-ST-ZIP: <b>GREENVILLE FL</b>		1.4 CITY-ST-ZIP: <b>GREENVILLE, FL 32331</b>	
TITLE: <b>SD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DRIGGERS, ANNETTE S.</b>		2.2 NAME:	
STREET ADDRESS: <b>RT 1 BOX 149A</b>		2.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>GREENVILLE FL</b>		2.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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-I changed, or on an attachment with an address.

SIGNATURE: *Johnnie L. Driggers* Date: *3/14/97*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)