SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -1 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K30931** **(5)**

1. Corporation Name
RANWELL PULPWOOD, INC.

Principal Place of Business	Mailing Address
HWY 12 S P.O. BOX 615 BRISTOL FL 32321	HWY 12 S P.O. BOX 615 BRISTOL FL 32321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1988
3a. Date of Last Report: 07/29/1994

2. Principal Place of Business
21 Rt. 1 Box 385
22 Suite, Apt. #, etc.
23 City & State: Bristol Florida
24 Zip: 32321
25 Country:

2a. Mailing Address
26 Rt. 1 Box 385
27 Suite, Apt. #, etc.
28 City & State: Bristol Florida
29 Zip: 32321
30 Country:

4. FEI Number: 59-2905813 ☐ 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

DALE & MARY BRACEWELL,GARY & SHERRY RANKIN
HWY 12 S.
BRISTOL FL 32321

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	BRACEWELL, DALE	12 NAME	
STREET ADDRESS	RT. 1, BOX 385	13 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	14 CITY ST ZIP	
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	BRACEWELL, MARY	22 NAME	
STREET ADDRESS	RT. 1, BOX 385	23 STREET ADDRESS	
CITY ST ZIP	BRISTOL FL	24 CITY ST ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	RANKIN, GARY	32 NAME	
STREET ADDRESS	HWY 12 S.	33 STREET ADDRESS	
CITY ST ZIP	BRISTOL FL	34 CITY ST ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	RANKIN, SHERRY	42 NAME	
STREET ADDRESS	HWY 12 S.	43 STREET ADDRESS	
CITY ST ZIP	BRISTOL FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mary Bracewell Treas Mary Bracewell, TREAS. 7/24/95 (904) 674-5495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120041 FP