PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90195 030 ***158.75

DOCUMENT # K39691 1. Corporation Name

DUVAL TIMBER CORPORATION

Principal Place	of Business	Mailing Address				()00 54 540 410 511 511	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8705 PERIMETER	R PARK BLVD	8705 PERIMETER PARK BLV	VD						
STE 8		JACKSONVILLE FL 32217			DO NOT I	OITE IN THIS	CDACE		
JACKSONVILLE	FL 32216	US			DO NOT WRITE IN THIS SPACE				
US						3. Date Incorporated or Qualif	ea		Į
			_			10/14/1988		1 4	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	optied For
21		26	_			59-2914015			ot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired) 	•	Additional equired
22		27	_						-
City & State	9	City & State				6. Election Campaign Financir	_{,a} □		May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the c	current year in	tangible □ Yes	□No
24	25		30			Personal Property Tax.	Dlatered		LINO
•	9. Name and Address of Current	Registered Agent		24 2	1	10. Name and Address of Ne	w Registered	Agent	_
÷op:	r DONALD O		'	B1 N	Name				•
	F, DONALD C.		18	32 S	Street Addre	ess (P.O. Box Number is Not Acce	eptable)		
	-8 PERIMETER PARK BLVD		L						
JACK	(SONVILLE FL 32216		{	B3					
				84 (City		FL	85 Zip	Code
		1007 4500 51 11 01 4				estion submits this statement for		= f.changing.its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	i Florida. Such change was al	utnonzea i	ov tne	amed corpo corporation	n's board of directors. I hereby ac	cept the appo	intment as re	egistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statut	es.	•				
SIGNATURE									
Old I TOTAL	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	· Registered A	name alo	anature required	when reinstating)	DATE		
			_ -	deur sif	<u> </u>		OFFICE DC A	NO DIDEAT	2DC IN 12
12.	OFFICERS AND	DIRECTORS	13.		<u></u>	ADDITIONS/CHANGES TO	OFFICERS A		
12. TITLE	DP		13.	E			OFFICERS A	ND DIRECTO	ORS IN 12
	DP FORT, DONALD C.	DIRECTORS	13.	E			OFFICERS A		
TITLE	DP	DIRECTORS	13.	E ME			OFFICERS A		
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14. I 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 if changed, or on an attachment with an address, with all other like empowered.

904-641-0018 Devime Phone #