

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L23924**

(8)

95 JAN 19 AM 9:40

1. Corporation Name

WEST FLORIDA TIMBER, INC.

Principal Place of Business

100 RAILROAD ST. MILLIGAN, FL 32537
% TIMOTHY C. FLEMING, P.O. BOX 837
CRESTVIEW FL 32536

Mailing Address

100 RAILROAD ST. MILLIGAN, FL 32537
% TIMOTHY C. FLEMING, P.O. BOX 837
CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1989

3a. Date of Last Report

01/26/1994

4. FFI Number

59-2973164

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 § 199.03, Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEMING, TIMOTHY CLARENCE
100 RAILROAD STREET
MILLIGAN FL 32531

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 officer 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

Signature, typed or printed name of registered agent and the corporation

Signature, typed or printed name of registered agent and the corporation

(12)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY

TITLE	PD
NAME	FLEMING, DANIEL HARVEY
STREET ADDRESS	1003 ENZOR ROAD
CITY, ST, ZIP	CRESTVIEW FL
TITLE	VD
NAME	FLEMING, TIMOTHY C.
STREET ADDRESS	4757 ANTIOCH ROAD
CITY, ST, ZIP	CRESTVIEW FL
TITLE	STD
NAME	FLEMING, NELDA M.
STREET ADDRESS	4757 ANTIOCH ROAD
CITY, ST, ZIP	CRESTVIEW FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption in Section 607.0505, 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. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 187, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an additional report with an address.

SIGNATURE: *Nelda M. Fleming / Nelda M. Fleming*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-95
Date