FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L68420** **(3)**

1. Corporation Name
WALKER & SONS LOGGING, INC.

Principal Place of Business	Mailing Address
C/O TIMOTHY J. WARFEL 215 S MONROE ST. #701, 1ST FLORIDA BANK BL TALLAHASSEE FL 32301	ROUTE 3 BOX 60 MONTICELLO FL 32344 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/26/1990**
3a. Date of Last Report: **07/27/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-3010738** ☐ 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

WARFEL, TIMOTHY J.
SUITE 701, FIRST FLORIDA BANK BLDG.
215 MONROE STREET
TALLAHASSEE FL 32301

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	WALKER, ULYSSES	12 NAME	
STREET ADDRESS	RT. 3, BOX 60	13 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	14 CITY-ST-ZIP	
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	WALKER, FRANCES H.	22 NAME	
STREET ADDRESS	RT. 3, BOX 60	23 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	WALKER, ROBERT DOUGLAS	32 NAME	
STREET ADDRESS	RT. 3, BOX 60-A	33 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	WALKER, DENNIS MAXWELL	42 NAME	
STREET ADDRESS	RT. 3, BOX 60	43 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	44 CITY-ST-ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	WALKER, RONALD PERRY	52 NAME	
STREET ADDRESS	RT. 3, BOX 60	53 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	54 CITY-ST-ZIP	
TITLE	DV	61 TITLE	☐ Change ☐ Addition
NAME	WALKER, WILLIAM KEVIN	62 NAME	
STREET ADDRESS	RT. 3, BOX 60	63 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	64 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 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: Frances H. Walker 4-26-95 997-3159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANCES H. WALKER

000937 CP