

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

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L68420** (3)
1. Corporation Name
WALKER & SONS LOGGING, INC.

Principal Place of Business
**WACISSA
215 S MONROE ST. 701, 1ST FLORIDA BANK BL
TALLAHASSEE FL 32301
US**

Mailing Address
**ROUTE 3 BOX 60
MONTICELLO FL 32344
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Hwy 259 Suite, Apt. #, etc. City & State Monticello, FL Zip 32344 Country Jefferson	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/26/1990 4. FEI Number 59-3010738 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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
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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	DV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, ULYSSES	1.2 NAME	
STREET ADDRESS	RT. 3, BOX 60	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, FRANCES H.	2.2 NAME	
STREET ADDRESS	RT. 3, BOX 60	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, ROBERT DOUGLAS	3.2 NAME	
STREET ADDRESS	RT. 3, BOX 60-A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, DENNIS MAXWELL	4.2 NAME	
STREET ADDRESS	RT. 3, BOX 60	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, RONALD PERRY	5.2 NAME	
STREET ADDRESS	RT. 3, BOX 60	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, WILLIAM KEVIN	6.2 NAME	
STREET ADDRESS	RT. 3, BOX 60	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *James H. Walker, Sec* 3-31-98 850-997-3159

CR2E034 (10/97)