


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 FEB 23 AM 10:25

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L95000000064**

GATOR LOGGING COMPANY, L.C.
 POST OFFICE BOX 75
 BOSTWICK FL 32007

94-AR CM

1a. Principal Place of Business Address

1526 HIGHWAY 17, NORTH
 BOSTWICK FL 32007

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01/19/1995	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	59-3287092	
		5. Date of Last Report	6. Certificate of Status Desired
		03/09/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
SMITH, KELLEY R 1526 HIGHWAY 17, NORTH BOSTWICK FL 32007	Name Street Address (P.O. Box Number is Not Acceptable) 5010002788965 Suite, Apt. #, etc. 02/26/99 01005 002 ****188.75 ****188.75 City Zip Code FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
 (Registered Agent Accepts Appointment) (NOTE: Registered Agent Signature is required when changing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SMITH, KELLEY R	POST OFFICE BOX 75 N/A	BOSTWICK FL
MEM	SMITH, M J	POST OFFICE BOX 75 N/A	BOSTWICK FL
MEM	BROWNING, SAMUEL S IV	P.O. BOX 75, HWY. 17 NORTH	BOSTWICK FL
MEM	SMITH, TROY K	P.O. BOX 75, HWY. 17 NORTH	BOSTWICK FL

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Kelley R Smith; Kelley R Smith* 2-22-99 (904) 328-6969