

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90140 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **M48793**

1. Corporation Name
VANZANT LOGGING, INC.



Principal Place of Business Mailing Address
 RT 3, BOX 338 2581 EASTWOOD RD
 HILLIARD FL 32046 HILLIARD FL 32046
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **2581 Eastwood Rd**
 Suite, Apt. #, etc.

2a. Mailing Address
 26
 Suite, Apt. #, etc.

City & State
 23 **Hilliard, FL**

City & State
 28
 Zip Country

24 **32046** 25 **Nassau**

29 30

3. Date Incorporated or Qualified
03/26/1987

4. FEI Number **59-2783759** 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
VANZANT, EDWARD P.
RT 3, BOX 338
HILLIARD FL 32046

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VANZANT, EDWARD PARKER	
STREET ADDRESS	RT 3, BOX 338	
CITY-ST-ZIP	HILLIARD FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	VAN ZANT, SUE	
STREET ADDRESS	RT 3 BOX 338	
CITY-ST-ZIP	HILLIARD, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VanZant Edward Parker	
1.3 STREET ADDRESS	2581 Eastwood Rd	
1.4 CITY-ST-ZIP	Hilliard, FL 32046	
2.1 TITLE	St	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VanZant, Sue	
2.3 STREET ADDRESS	2581 Eastwood Rd.	
2.4 CITY-ST-ZIP	Hilliard, FL 32046	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(l), 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.

SIGNATURE: Sue VanZant Sue VanZant 4-15-99 904)845-2459
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)