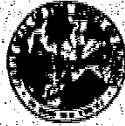


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 12:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M64666

(4)

1. Corporation Name

FORESTRY MACHINERY COMPANY

Principal Place of Business

**HWY. 121 SOUTH
P.O. BOX 506
LAKE BUTLER FL 32054**

Mailing Address

**HWY. 121 SOUTH
P.O. BOX 506
LAKE BUTLER FL 32054**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/13/1988

3a. Date of Last Report

09/06/1994

4. FEI Number

59-2871980

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

Zip

Country

City & State

27

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SHADD, JOHN L.
HIGHWAY 121 SOUTH
LAKE BUTLER FL 32054**

10. Name and Address of New Registered Agent

81. Name

Cassandra Driggers

82. Street Address (P.O. Box Number is Not Acceptable)

Rt 4 Box 3015

83.

84. City

Lake Butler, Fla FL

85. Zip Code
32054

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

Cassandra Driggers

(NOTE: Registered Agent signature required when reappointing)

DATE

4-20-95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHADD, JOHN L.
STREET ADDRESS	HWY 121 SOUTH
CITY - ST - ZIP	LAKE BUTLER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	Cassandra Driggers
1.3 STREET ADDRESS	Rt 4 Box 3015
1.4 CITY - ST - ZIP	PO Box 506 Lake Butler, Fla 32054
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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, unchanged, or on an attachment with an address.

SIGNATURE:

Cassandra Driggers

4-20-95

Date

Signature

904-496-1991