


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

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Secretary of State

02-22-1999 90115 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M94059**

1. Corporation Name
J & J LOGGING, INC.



Principal Place of Business 7774 S. AIRPORT RD MILTON FL 32583-3080	Mailing Address 7774 S. AIRPORT RD MILTON FL 32583-3080
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4973 Joiner Circle Suite, Apt. #, etc. 22		2a. Mailing Address 26 4973 Joiner Circle Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 08/12/1988	
23 Milton, FL City & State 24 32583 Zip		28 Milton, FL City & State 29 32583 Zip		4. FEI Number 59-2903852 Applied For Not Applicable	
25 Santa Rosa Country		30 Santa Rosa Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent JERNIGAN, KIMBERLY 4962 JOINER CIRCLE MILTON FL 32583		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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.		81 Name		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE		82 Street Address (P.O. Box Number is Not Acceptable)		83	
(NOTE: Registered Agent signature required when reinstating)		84 City		85 Zip Code	
DATE		FL			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P JOINER, WILLIAM LAMAR 4973 JOINER CIRCLE MILTON FL 32583	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP JODY LAMAR JOINER 4970 JOINER CIRCLE MILTON FL 32583	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST KIMBERLY JERNIGAN 4962 JOINER CIRCLE MILTON FL 32583	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, with all other like empowered.	
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SIGNATURE: **Kimberly Jernigan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-98 (850) 623-5593
Date Daytime Phone #