2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000073255 TRI-STATE LAND & TIMBER CO., INC.

FILED Feb 25, 2004 08:00 AM Secretary of State

CR2E034 (10/03)

Principal Place of Business

Mailing Address

20667 N.E. RAILROAD AVE BLOUNTSTOWN, FL 32424

20667 N.E. RAILROAD AVE BLOUNTSTOWN, FL 32424

02062004

US



DO NOT WRITE IN THIS SPACE

4. FEI Number	·····		Applied For
59-3740134			Not Applicable
5. Certificate of Status Desired		\$8.75 Fee Re	Additional guired

6. Name and Address of Current Registered Agent

BETTS, KENNETH M 18431 JAP AUSTIN ROAD BLOUNTSTOWN, FL 32424

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

the obligation	tions of registered agent. Jome M. Signature, typed or printed rema of registered agent and the	RAS (NOTE Registered	Agent signature	a required when reinstating)	- DATE	-
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	U00000064833 02/25/04-80011-012	150.00
10.	OFFICERS AND DIREC	CTORS				· · · · · · · · · · · · · · · · · · ·
THILE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDSON, MAXWELL M 3915 PINE LOG ROAD CHIPLEY, FL 32423					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RANKIN, HESTER G RT. 3 BOX 383 BRISTOL, FL 32421					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BETTS, KENNETH M 18431 JAP AUSTIN ROAD BLOUNTSTOWN, FL 32424			DO	NOT WRITE	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				IN [*]	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corphanged	perify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowere or on an attachment with an address, with all	ling does not qualify for the exem and accurate and that my signatu d to execute this report as require other like empowered.	ption state re shall haved by Chap	d in Section 119,07(3)(ve the same legal effecter 607, Florida Statute	(i), Florida Statutes, I further certify that the ct as if made under cath; that I am an offic as; and that my name appears in Block 10	information er or director or Block 11 if

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept