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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

1	IUAL REPORT			B. Morthar ary of State CORPORA	,		
DOCU	MENT # <b>P080</b>	21	(8)				
· '	AL FOREST RESOURCES.	INC.	, ,				
						1 JO 61 JO 61 BE 18 18 JO 11 BE 18 18 JO 11 BE 18 18 JO 11 BE 1	)
Principal Plac	ce of Business	Mailing A	ddress				
2431 HIGH P O BOX CONWAY		POB	IIGHWAY 501 DX 260001 AY SC 29526-96	<b>₹</b> 01			
		• • • • • • • • • • • • • • • • • • • •				<ol> <li>Date Incorporated or Qualified</li> <li>11/07/1985</li> </ol>	3a. Date of Last Report 02/03/1995
	Place of Business	2a. Mailin	g Address			4. FEI Number	Applied For
Suite, Apt	# ato	26 Cuito	Ant 4 at-			57-0807516	Not Applicable
22		27 Soite,	Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
Oity & Sta 23	lle	City &	State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	<del></del>	Cour	itry	Trust Fund Contribution  8. This corporation has liability for its corporation and its liability for i	Added to Fees
24	25	29		30		Florida Statutes 🔲 Yes	<b>X</b> □ No
	9. Name and Address of Curr	ent Registered #	gent		04T 1	10. Name and Address of New R	egistered Agent
רד רנ	DRPORATION SYSTEM				B1 Name		
	S. PINE ISLAND ROAD			[	82 Street A	Address (P.O. Box Number is Not Acceptab	le)
	TATION FL 33324			ļ.	83		
					84 City		ler Za Cada
44 6					- ''		FL 85 Zip Code
				is, the aboved by the co	e-named co orporation's i	rporation submits this statement for the pur board of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE	vith, and accept the obligations of, Se	ction 607.0505, F	lorida Statutes.				
	Signative, typed or printed name of registered ag-		(NO)		gorit signature re	equired when reinstating)	DATE
<b>12.</b>	OFFICERS A	ND DIRECTORS	DELETE	13.	<del>-</del> 1	ADDITIONS/CHANGES TO OFF	
NAME.	BUSH, C.E. III	·		1 1 T/T 1 2 NA		Treasurer	Change 🔲 Addition
STREET ADDRESS		).			EET ADDRESS	Miller, J. M., III	İ
CITY-ST-ZIP	CHARLOTTE NC				(-ST-ZIP	2431 Highway 501 Conway, SC 29526	
TITLE	VD	[	DELETE	2 1 TiT		JUNEAY 50 27720	Change Addition
NAM(	KENDALL, WORTH A.			2 2 NA	ME .		
STREET ADDRESS	,	),		2 3 STA	EET ADDRESS		
CHY ST-ZIP	CHARLOTTE NC VD		DELETE	2 4 CiT	( - ST - ZIP		[] Above [] 14444
NAMÉ	WALL, E. CRAIG JR.	L		3 2 NAM			Change Addition
STHEET ATIGNESS	2431 HIGHWAY 501				REET ADDRESS		
CI* (-\$1-7P	CONWAY SC			3 4 CIT	(-S1-2IP		
Hitt	VD	נ	] DELETE	4. 1 TiT	.E		☐ Change ☐ Addition
NAME	GODFREY, CHARLES W.			4.2 NAN	1E		
STREET ADDRESS	2431 HIGHWAY 501 CONWAY FL				EE1 ADDRESS		
_ Colive STE Ziff Polive	VT		DELETE	5 1 TH	- ST - ZIP		Change C Addition
NAMe	WEAVER, D. R.	Ľ,	Κ	5 2 NAN	ļ		Change Addition
STREET ADDRESS	2431 HIGHWAY 501				EET ADDRESS		
CITY-ST ZIF	CONWAY SC				-ST-2IP		
THILE	\$		DELETE	6 1 Tar			☐ Change ☐ Addition
NAME	SMITH, SHARON C.			6 2 NAA			
STEELL ADDRESS	2431 HIGHWAY 501			63 STR	EFI ADDRESS		

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)(k), 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.

6 4 CHTY - ST- ZIP

6 3 STREET ADDRESS

SIGNATURE:
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CHTY-ST-ZIP

Staron C. Smin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CONWAY SC** 

Sharon C. Smith, Secretary

1-25-96

Daytime Phone #