

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90107 009 ***150.00

DOCUMENT # P08021

1. Corporation Name

CANAL FOREST RESOURCES, INC.

Principal Place of Business

2431 HIGHWAY 501
P O BOX 260001
CONWAY SC 29526-9601

Mailing Address

2431 HIGHWAY 501
P O BOX 260001
CONWAY SC 29526-9601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1985

4. FEI Number

57-0807516

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUSH, C.E. III	
STREET ADDRESS	9140 ARROW POINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KENDALL, WORTH A.	
STREET ADDRESS	2431 HWY 501	
CITY-ST-ZIP	CONWAY SC 29526	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STOWE, HAROLD C	
STREET ADDRESS	2431 HWY 501	
CITY-ST-ZIP	CONWAY SC 29526	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILBERT, FRAN B	
STREET ADDRESS	2431 HWY 501	
CITY-ST-ZIP	CONWAY FL 29526	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MILLER, J. M III	
STREET ADDRESS	2431 HIGHWAY 501	
CITY-ST-ZIP	CONWAY SC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, SHARON C.	
STREET ADDRESS	2431 HIGHWAY 501	
CITY-ST-ZIP	CONWAY SC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jerry Lowe	
1.3 STREET ADDRESS	2431 Hwy. 501	
1.4 CITY-ST-ZIP	Conway, SC 29526	
2.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	J. M. Miller, III	
2.3 STREET ADDRESS	2431 Hwy. 501	
2.4 CITY-ST-ZIP	Conway, SC 29526	
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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon C. Smith 2/22/99

Date

Daytime Phone #

CR2E034 (1/98)