

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

APPROVED AND FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gwenia B. Marziani
Secretary of State
Tallahassee, Florida 32399-0001

05/11/1995 10:12

DOCUMENT # **P93000023655 (2)**

AJ ELLIOTT LOGGING, INC.

Principal Office (Mailing Address) Mailing Address
**102 JONES AVE
MILTON FL 32570** **102 JONES AVE
MILTON FL 32570**

DO NOT WRITE IN THIS SPACE

3. Date Reported (Required)		3a. Date of Last Report	
04/01/1993		05/01/1994	
4. FEI Number		Applied For	
59-3104574		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
<input type="checkbox"/>		<input type="checkbox"/>	
7. This corporation has liability for ad valorem tax under § 195.01, Florida Statutes			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ELLIOTT, KENNETH E 6025 ARNIES WAY MILTON FL 32570				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

11. Pursuant to the provisions of Sections 607.01(1) and 607.15(1)(B) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 607.01(1) Florida Statutes.

SIGNATURE

(Agent or Agent's authorized representative must sign this page only)

(If registered agent is a corporation, it must be signed by an authorized officer)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2	
NAME	D ELLIOTT, WILLIAM E 4857 CHRISTY LANE PACE FL 32571	1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2 STREET ADDRESS	
CITY, STATE		4 CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ELLIOTT, KENNETH E 6025 ARNIES WAY MILTON FL 32570	1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2 STREET ADDRESS	
CITY, STATE		4 CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ROUGHTON, LORI A 102 JONES AVE. MILTON FL 32570	1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2 STREET ADDRESS	
CITY, STATE		4 CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2 STREET ADDRESS	
CITY, STATE		4 CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2 STREET ADDRESS	
CITY, STATE		4 CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stipulated in Section 195.01(1)(b), Florida Statutes. I further certify that the information included on the annual report of 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 prepare this report as required by Chapter 195, Florida Statutes, and that my name appears on Block 1, or Block 1a, hereof, or an affidavit with an address.

SIGNATURE: *Lori A. Roughton* Sec. of Treasore 5/1/95 904-623482
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR