FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000034828 (2)

1. Corporation Name
WILSON TIMBER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1208 NEW SMYRNA BEACH FL 32170	P.O. BOX 1208 NEW SMYRNA BEACH FL 32170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1993
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip / County — 24 / 25 / 29 / 30

4. FEI Number: 59-3181623 ☐ 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. The corporation has taxable nonexempt property pursuant to Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MASSEY, JOHN S
635 AIR PARK RD
EDGEWATER FL 32132

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 Section 607.0502 and 607.1008, 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 (or familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
7 TITLE	D	41 TITLE	☐ Change ☐ Addition
8 NAME	WILSON, KEITH R.	42 NAME	
9 STREET ADDRESS	635 AIR PARK RD.	43 STREET ADDRESS	
10 CITY ST ZIP	EDGEWATER FL	44 CITY ST ZIP	
11 TITLE	PST	45 TITLE	☐ Change ☐ Addition
12 NAME	WILSON KEITH R.	46 NAME	
13 STREET ADDRESS	635 AIR PARK RD.	47 STREET ADDRESS	
14 CITY ST ZIP	EDGEWATER FL	48 CITY ST ZIP	
15 TITLE	V	49 TITLE	☐ Change ☐ Addition
16 NAME	DALE, BOBBY C.	50 NAME	
17 STREET ADDRESS	635 AIR PARK RD.	51 STREET ADDRESS	
18 CITY ST ZIP	EDGEWATER FL	52 CITY ST ZIP	
19 TITLE	V	53 TITLE	☐ Change ☐ Addition
20 NAME	MCKECHNIE, DAVID	54 NAME	
21 STREET ADDRESS	635 AIR PARK RD.	55 STREET ADDRESS	
22 CITY ST ZIP	EDGEWATER FL	56 CITY ST ZIP	
23 TITLE		57 TITLE	☐ Change ☐ Addition
24 NAME		58 NAME	
25 STREET ADDRESS		59 STREET ADDRESS	
26 CITY ST ZIP		60 CITY ST ZIP	
27 TITLE		61 TITLE	☐ Change ☐ Addition
28 NAME		62 NAME	
29 STREET ADDRESS		63 STREET ADDRESS	
30 CITY ST ZIP		64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is complete, accurate and current; and that I am duly authorized by the officers and/or directors to execute this report. I further certify that the information indicated on this 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 13 above, or on an attachment with an address.

SIGNATURE: Keith R. Wilson 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0404103 FP