FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000034828 (2)

1. Corporation Name

WILSON TIMBER, INC.

Principal Place of Business

P.O. BOX 1208
NEW SMYRNA BEACH FL 32170

Mailing Address

P.O. BOX 1208
NEW SMYRNA BEACH FL 32170

2. Principal Place of Business (21)	2a. Mailing Address (26) P.O BOX 1533
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28) DELAND FL.
Zip (24) / Country (25)	Zip (29) 32721 / Country (30)

3. Date Incorporated or Qualified: 05/13/1993	3a. Date of Last Report: 05/01/1995
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. This corporation has liability for intangible tax under s. 199.032, 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: KEITH R. WILSON
(82) Street Address (P.O. Box Number is Not Acceptable): 112 NORTH ADELLE AVE.
(83)
(84) City: DELAND FL (85) Zip Code: 32720

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: KEITH R. WILSON — 5-18-96 (DATE)
Signature, typed or printed name of registered agent, and title if applicable

12. OFFICERS AND DIRECTORS

		DELETE
TITLE	D	☐
NAME	WILSON, KEITH R.	
STREET ADDRESS	635 AIR PARK RD.	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	PST	☐
NAME	WILSON KEITH R.	
STREET ADDRESS	635 AIR PARK RD.	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	V	☒
NAME	DALE, BOBBY C.	
STREET ADDRESS	635 AIR PARK RD.	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	V	☐
NAME	MCKECHNIE, DAVID	
STREET ADDRESS	635 AIR PARK RD.	
CITY-ST-ZIP	EDGEWATER FL	
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1.1 TITLE	V	☐	☒
1.2 NAME	MASSEY, JOHN S		
1.3 STREET ADDRESS	635 AIR PARK Rd		
1.4 CITY-ST-ZIP	EDGEWATER FL 32132		
2.1 TITLE		☐	☐
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐	☐
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐	☐
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐	☐
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐	☐
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

CR2E034 (12/95)

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.

SIGNATURE: KEITH R. WILSON — PRESIDENT — 5-18-96 (Date) — 904-451-5081 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D17136 FP