SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # DOC

P93000051772 (0)

Iligate Country RoAD Live OAK FL 32080 L	Business Mailing Address 11894 COUNTY ROAD LIVE OAK FL 32080 DO NOT WRITE IN THIS SPACE	Italia Country RoAD Italia R	FOREST	PRODUCTS, INC.	`,			
UVE OAK FL 32080 UVE OAK FL 32080 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 0/7/19/1993 2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-3194995 Not Applied For Sp-3194995 Suite, Apt. #, etc. 22	Business 2a. Mailing Address 3. Date Incorporated or Qualified 07/19/1993 Applied For Not Applicable S3-154 (Applicable S3-154 (Applicable S4-154 (Applicable S	LIVE OAK FL 30000	Principal Plac	e of Business	Malling Address			
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City & State 28 City & State 29 Country Zip Country Zip Country Zip Country Zip Country Zip Signature 29 30 Country 10. Name and Address of Current Registered Agent CRAPPS, DAVID M 11924 COUNTY ROAD LIVE OAK FL 32060 11. Pursuant to the provisions of sections 607 0502 and 607.1508, Florida Statutes, the above-parent docrporation 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, pred or preliated agent and Bille if applicable. Signature CRAPPS, DAVID M 11924 COUNTY ROAD LIVE OAK FL 32060 11. Pursuant to the provisions of sections 607 0502 and 607.1508, Florida Statutes, the above-parent ocuporation 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 CP CRAPPS, DAVID M 113	Country Zip Country Zip Country State Stat	City & Slate	├──¬			5. Certificate of Status Desired	• • • • • • • • •	
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→ 	■ 6.2 NAME							

14.1 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.

SIGNATURE: YIROGAIGN/ALINGAGI COLLUS II

M-M-98

ONIL RUS FART

(2E034 (5/98)

FILED

Sep 09 1998 8:00am

Secretary of State