

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -8 AM 10: 18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000081939 (9)

1. Corporation Name

FLAGLER FOREST PRODUCTS, INCORPORATED

Principal Place of Business

SAWGRASS ROAD
BUNNELL FL 32110
US

Mailing Address

P.O. BOX 1668
BUNNELL FL 32110

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/30/1993

3a. Date of Last Report

07/11/1994

4. FEI Number

59-3211947

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

CREWS, CECIL S
FAIRGROUND RD.
BUNNELL FL 32110

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 new state)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

KING, DENNIS L.

STREET ADDRESS

52 BULOW WOODS CIRCLE

CITY - ST - ZIP

FLAGLER BEACH FL

TITLE

VP

NAME

CREWS, CECIL SCOTT

STREET ADDRESS

5503 JOHN ANDERSON HIGHWAY

CITY - ST - ZIP

FLAGLER BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

P

Change Addition

12 NAME

CREWS, CECIL SCOTT

13 STREET ADDRESS

5503 JOHN ANDERSON HIGHWAY

14 CITY - ST - ZIP

FLAGLER BEACH, FL 32136

21 TITLE

V

Change Addition

22 NAME

CREWS, MATTHEW SCOTT

23 STREET ADDRESS

5503 JOHN ANDERSON HIGHWAY

24 CITY - ST - ZIP

FLAGLER BEACH, FL 32136

31 TITLE

S/T

Change Addition

32 NAME

CREWS, JOSHUA D.

33 STREET ADDRESS

5503 JOHN ANDERSON HIGHWAY

34 CITY - ST - ZIP

FLAGLER BEACH, FL 32136

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

Change Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Change Addition

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)(b), 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:

Matthew S. Crews

Matthew S. Crews

07/12/95

(904) 437-2205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Area #)

CR2E004 (3/95)