

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
GARY A. B. MATHIAS
Secretary of State
TALLAHASSEE, FLORIDA 32312

DOCUMENT # P94000080184 (2)

FOREST RESOURCE CONSULTING, INC.

APPROVED
AND
FILED

MAY 13 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address

1717 CHESTNUT HILL
TALLAHASSEE FL 32312

Mailing Address

1717 CHESTNUT HILL
TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 11/01/1994 36. Date of Last Report

4. FFI Number 59-3279216 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 5-199-039, Florida Statutes ☐ Yes ☒ No

2. Principal Office Address

2a. Mailing Address

21. State Apt. #

26. State Apt. #

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

25. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLSON, JOHN D
1709-D MAHAN DRIVE
TALLAHASSEE FL 32308

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 607.01(2) and 607.15(6), 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 sections 607.01(2) and 607.15(6), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent Accepting Appointment

Signature of Registered Agent or Registered Agent Accepting Appointment

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	D KELLY, DAVID N
STREET ADDRESS	1717 CHESTNUT HILL
CITY, STATE, ZIP	TALLAHASSEE FL 32312
NAME	D GATLIN, DEBORAH
STREET ADDRESS	1717 CHESTNUT HILL
CITY, STATE, ZIP	TALLAHASSEE FL 32312
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
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14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that the corporation is not qualified for the exemption stated in section 190.02, Florida Statutes. I further certify that the information supplied in 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 person or persons empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears on Block 12 of this filing. I am not an officer or director of the corporation.

SIGNATURE:

David N. Kelly
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David N. Kelly 5/15/95

4904-488-7193