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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000092111 (1)

1. Corporation Name
BIG BEND TIMBER COMPANY, INC.



Principal Place of Business

583 S 6 ST
MACLENNY FL 32063

Mailing Address

BIG BEND TIMBER CO. INC.
P.O. BOX 1029
HILLIARD FL 32046
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/19/1994

4. FEI Number
59-3206639

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 7819 W. CR 108

Suite, Apt. #, etc.

22 City & State
Hilliard

23 Zip
71

Country

24 32046

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 32046

30

9. Name and Address of Current Registered Agent

CONNER, JAMES L
583 S 6 ST
MACLENNY FL 32063

10. Name and Address of New Registered Agent

81 Name Conner, James L.
82 Street Address (P.O. Box Number is Not Acceptable)
7819 W. CR 108
83
84 City Hilliard FL 85 Zip Code 32046

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

James L. Conner

James L. Conner

4/23/98

(NOTE: Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CONNER, JAMES L
STREET ADDRESS RT 2 BOX 2412
CITY-ST-ZIP GLEN ST. MARY FL 32040

TITLE ☐ DELETE

NAME CONNER, WANDA H
STREET ADDRESS RT 2 BOX 2412
CITY-ST-ZIP GLEN ST. MARY FL 32040

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS P.O. Box 1029 - 7819 W. CR 108
1.4 CITY-ST-ZIP Hilliard, Fla 32046

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS P.O. Box 1029 - 7819 W. CR 108
2.4 CITY-ST-ZIP Hilliard, FL 32046

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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. Wanda H. Conner

SIGNATURE

Wanda H. Conner

4/23/98

(904) 845-7998

CR2E034 (10/97)