

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000093225 (8)**

1. Corporation Name

EVERGREEN FOREST PRODUCTS, INC.

Principal Place of Business

**2345 FRIENDLY RD
FERNANDINA BEACH FL 32034
US**

Mailing Address

**2345 FRIENDLY RD
FERNANDINA BEACH FL 32034
US**



2. Principal Place of Business

21 Suite, Apt., etc.

22 City & State

23 Zip Country

24 Country

2a. Mailing Address

26 Suite, Apt., etc.

27 City & State

28 Zip Country

29 Country

9. Name and Address of Current Registered Agent

**STUBBS, JOHN A
2345 FRIENDLY RD
FERNANDINA BEACH FL 32034**

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 of the person making this statement, or the registered agent, if applicable

(NOTE: Registered Agent signature required when changing)

(DATE)

12. OFFICERS AND DIRECTORS

12 TITLE **PD** ☐ DELETE

NAME **STUBBS, JOHN A**

STREET ADDRESS **2345 FRIENDLY RD**

CITY-STATE-ZIP **FERNANDINA BEACH FL**

13 TITLE **STD** ☐ DELETE

NAME **STUBBS, WENDY G**

STREET ADDRESS **5209 LEEWARD COVE**

CITY-STATE-ZIP **FERNANDINA BEACH FL 32034**

14 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

15 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

16 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

17 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-STATE-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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*****\$600.00**

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 unchanged, or on an attachment with an address.

SIGNATURE:

John A. Stubbs
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

3-13-96

904-261-2607

CR2E034 (12/95)