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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000048445 (7)

1. Corporation Name
TIMBER SUPPLY, INC.

Principal Place of Business
5300 HAYWOOD RUFFIN ROAD
ST. CLOUD FL 34771

Mailing Address
5300 HAYWOOD RUFFIN ROAD
ST. CLOUD FL 34771-8255



3. Date Incorporated or Qualified 06/12/1995
3a. Date of Last Report 04/29/1996

4. FEI Number 59-3324349
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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELL, WILLIAM C
5300 HAYWOOD RUFFIN ROAD
ST. CLOUD FL 34771

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME BELL, WILLIAM C
STREET ADDRESS 5300 HAYWOOD RUFFIN ROAD
CITY-ST-ZIP ST. CLOUD FL 34771

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME VOGEL, JOHN T
STREET ADDRESS P.O. BOX 564 32942 Darby Trails
CITY-ST-ZIP SAN ANTONIO FL 33576 Dade City, FL 33525

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME BELL, JANE K
STREET ADDRESS 5300 HAYWOOD RUFFIN ROAD
CITY-ST-ZIP ST. CLOUD FL 34771

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME VOGEL, JEAN S
STREET ADDRESS P.O. BOX 564 32942 Darby Trails
CITY-ST-ZIP SAN ANTONIO FL 33576 Dade City, FL 33525

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME VP, Gen. mgr.
STREET ADDRESS Thomas C. Fagan
CITY-ST-ZIP 16505 Jessamine Rd
Dade City, FL 33523

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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

W. B. Bree

3/24/97 117 822-2855

CR2E034 (9/96)