FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000009039 (4)

TREES TO LUMBER, INC.

FILED Apr 17 1997 8:00am Secretary of State



Principal Place of Business Mailing Addre 4218 N.W. 121ST TERR. 4218 N.W. 121 GAINESVILLE FL 32606 GAINESVILLE										
							3. Date incorporated or Qualified 01/25/1996	3a. Da	te of Las	t Report
2. Principal P	ace of Business	2a. Mailing	Address				4. FEI Number	~		Applied For
21		26					59-342887			Not Applicat
Suite, Apt 22		27	Apt. #, etc.				5. Certificate of Status Desired		Fee	5 Additional Required
City & State	e:	City & 28	State				Election Campaign Financing Trust Fund Contribution	D	Adde	00 May Be ed to Fees
Zφ	Country	Zip		Count	try		8. This corporation has liability for it			r s. 199.032,
24 25 29 29 9. Name and Address of Current Registered Agent				30			Florida Statutes MY Yes No 10. Name and Address of New Registered Agent			
ļ		urrent Hegistered A	gent		11	Name	10. Name and Address of New He	gistered /	Agent	
	LLEY, GLENN G				"	Name				
	8 N.W. 121ST TERR. NESVILLE FL 32808					Street Addre	dress (P.O. Box Number is Not Acceptable)			
				8	13					
				8	34	City		FL	85 Z	ip Code
11. Pursuant	to the provisions of Sections 60	7 0502 and 607.1508 State of Florida, Such	, Florida Statut	es, the abo	l ove- by i	named corp	oration submits this statement for the poor's board of directors. I hereby acception's	urnose of	changin	g its registere
agent. La	m familiar with, and accept the	obligations of, Sectio	n 607.0505, Flo	orida Statut	tes.	ino sorporati	one sould be discount (initially discou	тино црр		uu rugiataraa
SIGNATURE	State of the typed or per teathanne of register		ela. (NOT		Ageni	t signature require	ed when reinstating)	DATE	DIDEOT	050 (1140
12.		S AND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS ANL	Chang	
1 11.6	DIRECTOR		C DEFECT	1.1 TITL					L_I Criang	la 🗂 vacui
NAME	STALGY, GLENN 4LIS NW 12157	TURO		1.2 NAM		1000500				
STREET ADORESS	GAINESVILLE, FL					ADDRESS				
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STREET ADDRESS						ADDRESS				
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STREET ADDRESS				4.3 STR	EET A	ADDRESS				
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NAME				5.2 NAM	AE.	}				
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City-St Zip				54 CITY	/- ST	~2IP				
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NAME				62 NAM	Æ	1				
STREET ADDRESS				63 STAI	EET A	ADDRESS				
CITY S1-ZiP				6.4 CITY		ľ				
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to 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 tarn 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 changed, or on an attachment with an address.