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FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P96000055823 (4)**

1. Corporation Name
CONNER LOGGING, INC.

Principal Place of Business

**102 MICKLER STREET
P.O. BOX 1896
CALLAHAN FL 32011**

Mailing Address

**102 MICKLER STREET
P.O. BOX 1896
CALLAHAN FL 32011**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1996

4. FEI Number

59-3390084

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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 Suite, Apt. #, etc

22. City & State

23

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27. City & State

28

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**CONNER, CHAD CLIFTON
102 MICKLER STREET
P.O. BOX 1896
CALLAHAN FL 32011**

10. Name and Address of New Registered Agent

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
CONNER, CHAD CLIFTON
102 MICKLER STREET
CALLAHAN FL 32011**

12 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

14 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

15 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

16 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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, and in attachment with an address.

SIGNATURE:

CHAD C. CONNER

PRESIDENT

904-879-1875

CR2E034 (10/97)