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 # P96000072030 (5)

MCLENDON TIMBER, INC.

不是我的人,我们也是我们的人,我们也是我们的人,我们就是我们的人,我们也是我们的人,我们也会会说,我们也会会说,他们也会说,他们也会会说,他们也会会说,我们也会

Principal Plac	DON HIMDEN, HYO. De of Business	Mailing Address			
		1373 HEATH ROAD GREEN COVE SPRINGS F	L 32043-9339		
				3. Date Incorporated or Qualified 3 08/29/1996	a. Date of Last Report
	Place of Business	2a. Mailing Address		4. FEI Number 59-3400120	Applied For
21 26 Sulte, Apt. #, etc.		26 Suite, Apt. #, etc.	·		Not Applicable \$8.75 Additional
22	, 0.0.	27		5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζφ	Country	8. This corporation has liability for inter	
24	25	29	30		es 🗌 No
	9. Name and Address of Curre	nt Hegistereo Agent	81 Name	10. Name and Address of New Regist	erea Agent
WILLIAMS, GRADY H JR					
1279 KINGSLEY AVE STE 117 ORANGE PARK FL 32073			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
Olv	AIGE I WILL I P OFOLO		83		
			84 City		85 Zip Code
					FL `
office or agent. I s				oration submils this statement for the purp on's board of directors. I hereby accept th	
12.	Signature, typed or printed name of registered ag	ient and title if applicable (NOTI ID DIRECTORS	Registered Agent signature require 13.	ad when reinstating) D ADDITIONS/CHANGES TO OFFICERS	ATE S AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TOLE	ABBITIONS OF INTIGES TO OTHER	Change Addition
NAME	MCLENDON, TERRY J		1.2 NAME		
STREET ADDRESS	1373 HEATH ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 3		1.4 CHY- \$1-7IP		
TITLE	D	DELETE	2.1 TITUE		Change Addition
NAME	MCLENDON, MARY C		2.2 NAME		
STREET ADDRESS	1973 HEATH ROAD	0040	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	GREEN COVE SPRINGS FL 3	DELETE	2. 4 CITY-ST-ZIP 3.1 YITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		***** * * * *****	3.4. CITY - S1 - ZIP		
TITLE	}	☐ DELETÉ	4.1 111LE		Change Addition
NAME			4. 2 NAME		
OUTV OT THE			4.3 STREET ADDRESS 4.4 City-St-Zip		
CITY-ST-ZIP TITLE		DELFTE	51 117LE		Change Addition
NAME		—	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - 7IP		
TITLE		DETEAL	61 TITLE		Change Addition
NAME			62 NAME		

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 eath; 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 orderes.

SIGNATURE: MAKE C. MOS SANDER

11-14-97

904.284-7784

FILED

Apr 18 1997 8:00am

Secretary of State