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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 16 1997 8:00am

Secretary of State

6. Election Campaign Financing

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Yes No

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Sandra B. Mortham

Secretary State DIVISION OF CORPORATIONS

DOCUMENT # P96000085711 (5)

JLG LOGGERS, INC.

GLASS, JIMMY L **7810 GADSDEN AVENUE**

SOUTHPORT FL 32409

City & State

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,							
Principal Place of Business	Mailing Address	I INDIIONI III INIIO ALIII NAIII NAIII NAIII NAIII NAIII					
7810 GADSDEN AVENUE SOUTHPORT FL 32409	7810 GADSDEN AVENUE SOUTHPORT FL 32408-1360						
		3. Date Incorporated or Qualified 10/11/1996	3a. Date of Last Report				
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied Fo				
21	26	59-3406711	Not Applic				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additions				

City & State

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9. Name and Address of Current Registered Agent

	•	84	+	ity			85 2	Zip Co	odo			
	•			•	•	FL	-	•	1			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Stronature, typed or printed name of registered agont and title if applicable. (NOT): Registered Agont signature required when reinstating) DATE												
12.	OFFICERS AND DIRECTORS	13.	0.10	8-4	ADDITIONS/CHANGES TO		DIREC	TORS	IN 12			
TITLE	D DELFTE	1.1 TILLE					Chan	ige	Addition			
NAME	GLASS, JIMMY L	1.2 NAMÉ										
STREET ADDRESS	7810 GADSDEN AVENUE	1.3 STREET	i and	IRESS		*						
CITY-ST-ZIP	80UTHPORT FL 32409	1.4 CHTY-5				,						
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NAME		6.2 NAME										
STREET ADDRESS		6.3 STREE	1 ADE)ress								
CITY-ST-ZIP		6.4 CITY - 1	S1 - 7	ıP	ALAM WAY TO THE REST.							

Country

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Name 81

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14. I do hereby certify that the information supplied with this filling 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 address.

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