PROFIT CORPORATION ANNUAL REPORT

1999

GILLMAN TIMBER CORPORATION

DOCUMENT #
1. Corporation Name



P97000001944

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Aug 16, 1999 8:00 am Secretary of State

08-16-1999 90008 002 ***550.00



Principal Place	e of Business	Mailing Address			1 19411001 110 12111 12111 12111	illi Ablic gent Ebibi	11810 (21)1 8121) 8161 (221	
RT 2 BOX 116		RT 2 BOX 116						
WESTVILLE FL 32464		WESTVILLE FL 32464	WESTVILLE FL 32464		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	<u> </u>		٦
					01/01/1997			1
2 Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	1
	*. * - ** ,	26			59-3440606		Not Applicable	٦
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				<u> </u>	8.75 Additional	1
22		· 🛏	27		5. Certificate of Status Desired	L) .	Fee Required	
City & State		City & State			6. Election Campaign Financing		5.00 May Be	٦
23		28			Trust Fund Contribution		Added to Fees	_}
Zip	Country	Zip	Count	гу	8. This corporation owes the curre	ent year	5 7	
24	25	29	30		Intangible Personal Property.			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered Ager	ıt	4
	MAN ODECODY B		8	1 Name				
	LMAN, GREGORY B		8	2 Street Ac	dress (P.O. Box Number is Not Accepta	ble)		7
	2 BOX 116							4
AAE	STVILLE FL 32464		8	3				
			8	4 City	- VIII	85	Zip Code	-
<u>. </u>						<u>FL </u>		4
11. Pursuant	t to the provisions of sections 607.0	502 and 607.1508, Florida Statut	tes, the abov	e-named cor	poration submits this statement for the puration's board of directors. I hereby accept	rpose of changii t the appointme	ng its registered	
								Į.
agent. i a	am familiar with, and accept the ob	ligations of, section 607.0505, F	lorida Statut	es.	ration's board of directors. I hereby accep			
agent. I a							****	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (N	NOTE: Registered		required when reinstating)	DATE		- 68
SIGNATURE	Signature, typed or printed name of registered a OFFICERS	igent and title if applicable. (f	NOTE: Registered	Agent signature		DATE	RECTORS IN 12	(00)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS	gent and title if applicable. (N	NOTE: Registered 13. 1.1 TITLE	Agent signature	required when reinstating)	DATE		00/ // (00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered s OFFICERS P GILLMAN, GREGORY B	igent and title if applicable. (f	NOTE: Registered 13. 1.1 TITLE	Agent signature	required when reinstating)	DATE	RECTORS IN 12	E034 (F (00)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A P GILLMAN, GREGORY B RT 2 BOX 116	igent and title if applicable. (f	13. 1.1 TITLE 1.2 NAM 1.3 STRE	Agent signature	required when reinstating)	DATE	RECTORS IN 12	00004 (5 (00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS of P GILLMAN, GREGORY B RT 2 BOX 116 WESTVILLE FL 32484	gent and title if applicable. (1 AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	Agent signature	required when reinstating)	DATE FICERS AND DI	RECTORS IN 12 Change Addition	10000
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS of P GILLMAN, GREGORY B RT 2 BOX 116 WESTVILLE FL 32484 P	igent and title if applicable. (f	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE	Agent signature	required when reinstating)	DATE FICERS AND DI	RECTORS IN 12	10000
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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, or on an attachment with an address.

SIGNATURE:

8-10-99

850956-2410