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

STREET ADDRESS

CITY-ST-ZIP

Feb 26 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P97000019724 (8) DOCUMENT # BAILEY TIMBER CO., INC. Principal Place of Business Mailing Address RT 2 BOX 648 HWY 71 N RT 2 BOX 648 HWY 71 N **BLOUNTSTOWN FL 32424 BLOUNTSTOWN FL 32424** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1997 2. Principal Place of Business 28. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sime\) No 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BAILEY, ARTHUR SR. RT 2 BOX 648 HWY 71 N Street Address (P.O. Box Number is Not Acceptable) **BLOUNTSTOWN FL 32424** 63 84 City Zip Code s 607.0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida State change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the option has of Section 607.0505, Florida Statutes. SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE. 1.1 TOLE TITLE Change Addition NAME 1.2 NAME STREET ADDRESS BOX 648 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 21 TITLE Addition NAME 2 2 NAM6 STREET ADDRESS 2.3 STREET ADDRESS 2.4 CfTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$T - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE NAME 62 NAME

**6.3 STREET ADDRESS** 

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6.4 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 recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes occur an attachment with an address.

**FILED**