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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000104503

1. Corporation Name

EMERALD FOREST INC.

| | A War Comment of the | |
|--|---|--|
| Principal Place of Business | Mailing Address | |
| POST OFFICE BOX 388 BOSTWICK FL 32007 | POST OFFICE BOX 388 BOSTWICK FL 32007 | |
| 2. Principal Place of Business | 2a. Mailing Address | |

Apr 09, 1999 8:00 am Secretary of State

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| e of Business | Mailing Address | | | | | | |
| BOX 388 | POST OFFICE BOX 388 | | | | | | |
| FL 32007 BOSTWICK FL 32007 | | DO NOT WRITE IN THIS SPACE | | | | | |
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| to an of Dunings | 2- Moiling Address | | | | | | Applied For |
| aace or business | <u> </u> | | | | 1 2 | - | Not Applicable |
| # ### | | | | | 39-3402002 | | |
| #, BtC. | | | | | 5. Certifcate of Status Desired | • | Required |
| <u> </u> | | | | | Election Compaign' Financing | | |
| | — · | 1 ' | | | ((| - | d to Fees |
| Country | | Zip Country | | | | | 7.000 |
| | — ` <i>-</i> | | , | | | | □No |
| | | | | | The state of the s | gent | |
| | | | 81 | Name | | | |
| Jams, Brenda | | | 20 | Ot t Addr | (D.O. Day Number in Net Accomtable) | | |
| 3 CRILL AVENUE | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| ATKA FL 32177 | | ŀ | 83 | | | | |
| | | ļ | | | | r | |
| | | i | 1 | | FL | ` | Code |
| to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statute | s, the at | bove | -named corpo | pration submits this statement for the purpose of ch | nanging i | ts registered |
| egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was au itions of, Section 607.0505, Flori | ithorized ida Statu | ı by i utes. | tne corporatio | n's board of directors, I hereby accept the appoint | nent as | egistered |
| | | | | | • | | |
| Signature, typed or printed name of registered ager | nt and title if applicable. (NOTE: | Registered | Agent | t signature required | when reinstating) DATE | | |
| OFFICERS AN | ID DIRECTORS | 13. | | | | | |
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| Fitzhugh, andrew l | • | 1.2 NA | ME | | | | |
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| BOSTWICK FL 32007 | | 1.4 CR | TY-ST | r-ZIP | | | |
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| FITZHUGH, LORY A | | 2.2 NA | WE | | | | - |
| POST OFFICE BOX 388 | | 2.3 STREET | | ADDRESS | | | Į |
| BOSTWICK FL 32007 | | | | | | | , |
| | | 2. 4 CI | | T-ZIP | | | |
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| | Country 25 9. Name and Address of Currer LIAMS, BRENDA CRILL AVENUE ATKA FL 32177 to the provisions of Sections 607.056 egistered agent, or both, in the State on familiar with, and accept the obligation of the country Signature, typed or printed name of registered age OFFICERS AND D FITZHUGH, ANDREW L POST OFFICE BOX 388 BOSTWICK FL 32007 D FITZHUGH, LORY A | BOX 388 32007 BOSTWICK FL 32007 | BOX 388 32007 BOSTWICK FL 32007 | BOX 388 32007 BOSTWICK FL 32007 #, etc. Suite, Apt. #, etc. | BOX 388 32007 BOSTWICK FL 32007 2a. Mailing Address 2a. #, etc. Suite, Apt. #, etc. City & State 28 Country 25 29 30 9. Name and Address of Current Registered Agent IAMS, BRENDA 3 CRILL AVENUE ATKA FL 32177 B1 B2 Street Address B3 B4 City B4 City B7 B1 B1 Name B2 Street Address B4 City B5 B7 B7 B7 B7 B7 B7 B7 B7 B7 | Mailing Address BOX 388 BOX 388 BOX 388 BOX 388 BOX 388 BOX Mailing Address 2a. Mailing Address 2b. Mailing Address 2c. Suite, Apt. #, etc. 2d. City & State 2e. City & State 2f. Country 2g. Country 2g. Trust Fund Contribution 2g. Street Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 2g. Street Address (P.O. Box Number is Not Acceptable) 2g. Street Address (P.O. Box Number is Not Accep | BOX 388 BOSTWICK FL 32007 BOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1/1997 BOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1/1997 BOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1/1997 BOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1/1997 BOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1/1997 BOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1/1997 BOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1/1997 BOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1/1997 BOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1/1997 BOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1/1997 BOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1/1997 BOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1/1997 BOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1/1997 BOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1/1997 BOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1/1997 BOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1997 BOO NOT WRITE IN THIS SPACE 3. Date Incorporated or Date In This Space 10 Name and Address of Status Desired 10 Name and Address of Status Desired Agent Interpretation Submits this statement for the purpose of changing in Country In This Statement for the purpose of Change In This Statement In Thi |

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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR