Feb 25, 1999 8:00 am

Secretary of State

02-25-1999 90038 004 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800006212

MORRIS TIMBER ENTERPRISES, INC.					£ 1881/1884	!!å (818) (83) 88) 88)			
Principal Place	of Rusiness	Mailing Address							
Principal Place of Business  4475 HIGHWAY 77  GRACEVILLE FL 32440  Mailing Address  4475 HIGHWAY 77  GRACEVILLE FL 32440						DO NOT WRITE IN	THIS SPACE		
					3. Date Incorpo	rated or Qualifed			
					01/21/199	8'			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	4. FEI Number 593 - 48-7810		plied For	
21		26				407010	\$8.75 A	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1		5. Certifcate of	Status Desired	Fee Red		
City & State	9	City & State	City & State		6. Election Cam	paign Financing 5	\$5.00		
23	-	28	¬ '			Trust Fund Contribution Added to Fees			
Zip Country		Zip	Zip Country		8. This corporat	8. This corporation owes the current year Intang			
24	25	25 29 30			Personal Property Tax.				
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and A	ddress of New Regist	ered Agent		
MOR	RIS, RUSSELL W		0,						
	HIGHWAY 77		82	Street	Address (P.O. Box Numb	per is Not Acceptable)			
GRACEVILLE FL 32440			83		·	1			
			84	City		:	85 Zip C		
						· · · · · · · · · · · · · · · · · · ·	FL		
office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State of in familiat with, and accept the obligat	of Florida. Such change was at	utnorized by	the corpo	corporation submits this pration's board of director	rs. I nereby accept the	appointment as reg	jistered	
SIGNATURE .	Signature, typed or printed name of registered agen-			nt signature i	equired when reinstating)			DC IN 12	
12.			13.			HANGES TO OFFICER	RS AND DIRECTO	Addition	
TITLE	D	☐ DELETÉ	1.1 TITLE		Richard L.	morris	□ ¢ilalige	A	
NAME	MORRIS, RUSSELL W		1.2 NAME	T 40000000	MICHARA CLIV	1:77 SOUF	(		
STREET ADDRESS	TTO THOUTHOUT T			T ADDRESS	Graceville	F1 3244	٥ /	}	
`CITY-ST-ZIP	GRACEVILLE FL 32440	☐ DELÉTÉ	1.4 CITY-S 2.1 TITLE	11-ZIP	5	77 -	Change	Addition	
TITLE NAME	•		2.2 NAME		ري يو الم		,		
STREET ADDRESS	-	•	1	T ADDRESS	Aussell U	y. 77 Sou	H <b>C</b>	J	
CITY-ST-ZIP			2. 4 CITY-5		Gracavill	· · · · · ·			
TITLE	<u> </u>	☐ DELETE	3.1 TITLE				- Change	☐ Addition	
NAME			3.2 NAME			'			
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP				- Addition	
TITLE			4.1 TITLE			:	Change	☐ Addition	
NAME			4. 2 NAME					}	
STREET ADDRESS				T ADDRESS				Į.	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	it-ZiP			☐ Change	Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			i	ondings		
NAME CTREET ADDRESS			1	TADDRESS		i			
STREET ADDRESS			5.4 CITY-S			!			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME			6.2 NAME			•			
STREET ADDRESS			6.3 STREE	T ADDRESS		•			

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 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.

64 CITY-ST-ZIP

SIGNATURE:

850-263-0947