PROFIT CORPORATION ANNUAL REPORT



1999

DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State 05-05-1999 90183 034 \*\*\*150.00 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DOCUMENT # P9800008215  1. Corporation Name FEEHAN TIMBER INVESTMENTS, INC.						
Principal Place	e of Business	Mailing Address		- I I Bilder (in teint ibitt antis a	ME-0- (5115 1350)	WAR Saft Jan
7516 U.S. ROUTE 17 - 7518 U.S. ROUTE 17-				<b>.</b>		
YORKTOWN YA 23692 TORKTOWN YA 23692			DO NOT WRITE IN THIS	SPACE		
				3. Date Incorporated or Qualifed		<del></del>
				01/26/1998		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
— \ <u>∸</u> - a	USI NORTH	26 POST OFFICE	Box 1011	59-3495246	No	t Applicable
Suite, Apt.		Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
22	·	27			Fee Re	<del></del>
City & State 23 St. A	ugustine FL	City & State 28 St. Augustin	E-FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	a 5 Chuntry	29 3008 3	Country	This corporation owes the current year In Personal Property Tax.		□No
24 320	9. Name and Address of Current	_1==1		10. Name and Address of New Registered	/	
1050	IG, FRANK-J HIVERSIDE AVENUE KSONVILLE FL-32204	ŧ	81 Name RAI 82 Street Addre 4700	ess (P.O. Box Number is Not Acceptable)		
			84 City C	AUGUSTINE FL	85 Zig C	5095
<del></del>		A CATA A COD Tile del Chetada	07	Augustine Fl	- Chenging its	registered
office or n agent. I a	egistered agent or both, in the State of familiar with and accept the obligation	Florida. Such change was auti of Florida. Such change was auti of S. Section 607.0505, Florid	norized by the corporation a Statutes.	pration submits this statement for the purpose on a board of directors. I hereby accept the appo	intment as rec	istered
SIGNATURE	( nacy + 1	agune		9/30	///_	\
.12.	Signature typed or printed range of registered agent		gistered Agent agreeture required  13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	~ PRESIDENT	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	LRAIG A. MAGURÉ		1.2 NAME			
STREET ADDRESS	4700 USI NORTH		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE	FL 32095	1.4 City-St-ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME			22 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CTY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change     Ch	Addition
TITLE		C) DEFEIR	3.1 TIME 3.2 NAME			
NAME STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	,		3.4. CITY- ST-ZIP			
TIFLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4.2 NAME	·		
STREET ADDRESS			4.3 STREET ADDRESS			ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
πLE		□ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME.			52 NAME			}
STREET ADDRESS			5.3 STREET ACCRESS			
CITY-ST-ZIP		DELETE	64 CITY-ST-ZIP		☐ Change	Addition
TITLE		Chorre	6.2 NAME			
NAME STREET APPROCES			8.3 STREET ADDRESS			
STREET ADDRESS			6.4 CITY-ST-ZIP	- 1 m		-
14. I hereby c	certify that the information supplied with	this filing does not qualify for the		ection 119.07(3)(i), Florida Statutes. I further ce	rtify that the In	formation
indicated officer or officer 12 o	on this annual report or sumplemental director of the corporation of the recently of the recently of the properties of t	annual report is true and a curai rer or trustee empowered to exe ment with an address with all o	te and that my signature cute this report as requin ther like empowered.	ection 119.07(3)(i), Florida Statutes. I further ce shall have the same legal effect as if made und ed by Chapter 607 Florida Statutes; and that n	er oatn; that i ny name appe	am an ars in

SIGNATURE: