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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000016204

1. Corporation Name

SMALLEY STUMPWOOD, INC.

 Principal Place of Business
 1250 CAMPBELLTON ROAD
 CHIPLEY FL 32428

 Mailing Address
 P.O. BOX 205
 CHIPLEY FL 32428


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3576842	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SMALLEY, JAMES E JR. 944 CARROLL STREET CHIPLEY FL 32428				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 944 Carol Court	
				83	
				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

4/20/99

Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	SMALLEY, JAMES E JR.	1.2 NAME	
STREET ADDRESS	1250 CAMPBELLTON ROAD	1.3 STREET ADDRESS	944 Carol Court
CITY-ST-ZIP	CHIPLEY FL 32428	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	VP
NAME	SMALLEY, JAMES E	2.2 NAME	
STREET ADDRESS	1250 CAMPBELLTON ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	S/T
NAME		3.2 NAME	Asta S Smalley
STREET ADDRESS		3.3 STREET ADDRESS	944 Carol Court
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Chipley FL 32428
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E Smalley Jr.

4/20/99 (850) 638-0492

Date

Daytime Phone #

CR2E034 (1/1/98)