

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90083 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000017139
1. Corporation Name
SEAY TIMBER COMPANY, INC.



Principal Place of Business: RT. 2 BOX 787-K LAKE BUTLER FL 32054
Mailing Address: RT. 2 BOX 787-K LAKE BUTLER FL 32054

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
02/23/1998

2. Principal Place of Business
21 RT 2 Box 430-15
22 Suite, Apt. #, etc.
23 City & State LAKE BUTLER FL
24 Zip 32054 25 Country US

4. FEI Number 52-2082514
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SEAY, CLARENCE
RT. 2 BOX 787-K
LAKE BUTLER FL 32054

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
RT 2 Box 430-15
83
84 City LAKE BUTLER FL 85 Zip Code 32054

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAY, CLARENCE	1.2 NAME	
STREET ADDRESS	RT. 2 BOX 787-K	1.3 STREET ADDRESS	RT 2 Box 430-15
CITY-ST-ZIP	LAKE BUTLER FL 32054	1.4 CITY-ST-ZIP	LAKE BUTLER FL 32054
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEUSTON, JOHN D	2.2 NAME	Feuston, Joan D
STREET ADDRESS	RT. 2 BOX 787-K	2.3 STREET ADDRESS	RT 2 Box 430-15
CITY-ST-ZIP	LAKE BUTLER FL 32054	2.4 CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Joan D Feuston 1-7-99 904-496-1379
Date Daytime Phone #

CR2E034 (11/98)