


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90289 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000029545 1. Corporation Name L & L TIMBER SERVICES INC.			
Principal Place of Business 468 HERBERT MILLER RD FREPORT FL 32439		Mailing Address 468 HERBERT MILLER RD FREPORT FL 32439	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 2909 State Hwy. 200 Suite, Apt. #, etc. 22 Freeport City & State 23 Freeport FL Zip Country 24 32439 25 Walton		2a. Mailing Address 26 2909 State Hwy. 200 Suite, Apt. #, etc. 27 Freeport FL City & State 28 Freeport FL Zip Country 29 32439 30 Walton	
3. Date Incorporated or Qualified 03/31/1998		4. FEI Number 59-3505549	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 FAISON, LAMAR H SR 468 HERBERT MILLER RD FREPORT FL 32439		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2909 State Hwy. 200 83 84 City Freeport FL 85 Zip Code 32439	
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 Lamar H. Faison, Sr. LAMAR H. FAISON, SR. Pres. 3-29-99 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President <input type="checkbox"/> DELETE NAME Lamar H Faison, Sr. STREET ADDRESS 2909 State Hwy. 200 CITY-ST-ZIP Freeport FL 32439		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE Sec/Treas <input type="checkbox"/> DELETE NAME Terry M. Faison STREET ADDRESS 2909 State Hwy. 200 CITY-ST-ZIP Freeport FL 32439		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: **Lamar H. Faison, Sr.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lamar H. Faison, Sr.

3-29-99 **850-835-1721**
 Date Daytime Phone #

CR2E034 (1/98)