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**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90229 025 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **P98000036869**

1. Corporation Name  
**M & E TIMBER, INC.**



Principal Place of Business: RT 4, BOX 36/ELLISON RD PERRY FL 32347  
 Mailing Address: RT 4, BOX 36/ELLISON RD PERRY FL 32347

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/23/1998**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

**59-3506094**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

City & State

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible

Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRUITT, MERRITT**  
 RT 4, BOX 36/ELLISON RD  
 PERRY FL 32347

81 Name

**Elaine Pruitt**

82 Street Address (P.O. Box Number is Not Acceptable)

**Rt. 4 Box 36 / Ellison Rd.**

83

84 City

**Perry**

**FL**

85 Zip Code **32347**

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 **Elaine Pruitt**

Signature, typed or printed name of registered agent and title if applicable.

**Elaine Pruitt S/T**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-22-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>P Merritt Pruitt</b>
1.3 STREET ADDRESS	<b>Rt. 4 Box 36 / Ellison Rd.</b>
1.4 CITY-ST-ZIP	<b>Perry, FL 32347</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>S/T Elaine Pruitt</b>
2.3 STREET ADDRESS	<b>Rt. 4 Box 36 / Ellison Rd.</b>
2.4 CITY-ST-ZIP	<b>Perry, FL 32347</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Elaine Pruitt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Elaine Pruitt**

Date **1-22-99**

Daytime Phone # **850-584-8227**

CR2E034 (11/98)