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

**PROFIT CORPORATION** ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

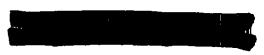
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000065661 1. Corporation Name

D & W LOGGING, INC.

## May 17, 1999 8:00 am Secretary of State

05-17-1999 90090 007 \*\*\*150.00



Principal Plac	ce of Business	Mailing Address							
261 C	R 125	261 CR 125							
371 OK 123									
				110-0764		DO NOT WRITE IN THIS S	PACE		
BUNNELL, FL 321						3. Date Incorporated or Qualifed 07/17/1998			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	·	Applied For	
21		26				59-3527047	-	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				33 332/04/		5 Additional	
22		27				5. Certificate of Status Desired		Required	
City & Sta	te	City & State				e Florier Commission Financia	<del></del>		
23	28					Election Campaign Financing Trust Fund Contribution		May Be	
Zip	Country	Zip	p Country			8. This corporation owes the current year Inter		d to Fees	
24	25	29 3	آم	•			Yes	□No	
	9. Name and Address of Currer	nt Registered Agent	-			10. Name and Address of New Registered A			
DOMAT	D I MODIEC		8	1	Name	TO THE STATE OF A	Hout		
DONALD L. NOBLES									
261 CR 125			8	82 Street Address (P.O. Box Number Is Not Acceptable)					
BUNNE.	LL, FL 32110		8	3					
				1					
				- 1	City	FI		p Code	
11. Pursuan	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abo	ve-	named corpo	7	anging	its registered	
egent, I	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was auth itions of, Section 607 0505, Florid	norized b	y ti	he corporatio	pration submits this statement for the purpose of cl in's board of directors. I hereby accept the appoint	nent as	registered	
SIGNATURE			a Statute						
					signature required	when reinstating) DATE		j	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TOPS IN 12	
ima Pres	ident/Vice Presiden	↑ □ DELETE	1.1 TITLE				Chang		
NAME	Donald L. Nobles		1.2 NAME					· Grioundon	
STREET ADDRESS	261 CR 125		1.3 STRE		Innesse				
CITY-ST-ZIP	BUNNELL, FL 32110								
TIFLE		☐ DELETE	1.4 CITY- : 2.1 TITLE		ZIP		70		
NAME	SECRETARY/TREASURER		ſ			•	Chang	e 🗍 Addition	
STREET ADDRESS	WANDA NOBLES		2.2 NAME					Ì	
CITY-ST-ZIP	1261 CR 125		2.3 STREET ADDRESS					L	
TITLE	BUNNELL, FL 32110 CI DELETE		2.4 City-St-ZIP		ZIP				
NAME	2,11		3.1 TITLE		ľ		Chang	e 🗍 Addition	
STREET ADDRESS			3.2 NAME						
			3.3 STRE	ETA	NODRESS			_	
CITY-ST-ZIP TITLE			3.4. CITY-	ST-	ZIP	7-11-		į	
NAME		, DELETE	4.1 TITLE				Chang	e 🗌 Addition	
			4. 2 NAM	Ę	İ			ľ	
STREET ADDRESS			4.3 STREE	ET A	DORESS				
CITY-ST-ZIP			4.4 CITY-	st-2	ŽIP				
TITLE	DELETE 5.1T		5.1 TITLE	5.1 TITLE			Chang	e Addition	
NAME			5.2 NAME		ĺ			}	
STREET ADDRESS	-		5.3 STREI	ĘΤΑ	DORESS			1	
CITY-ST-ZIP			5.4 CITY-	ST-2	žIP [			]	
TITLE		: DELETE	6.1 TITLE		<del></del>		T] Chang	e Addition	
NAME			6 2 NAME		[	•	~	- 67004001	
STREET ADDRESS	•		e a empe		DDDEEC .				

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.

6.3 STREET ADDRESS

SIGNATURE:

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