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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED

20	00 🕝		DIVISION OF C	ORPORATIONS		M 00	AY-3 AMI	1:18	
DOCUMENT # P98000065661 1. Corporation Name						SBONETARY OF STATE TARDAHASSEE, FEORIDA			
D & W LOGGING, INC.									۔ ک
Frincipal Place of Business Mailing Address						ا ئ			
251 C			\						
251 CR 125 P.O. BOX 764 BUNNELL, FL 32110 BUNNELL, FL 32				110-0764		,,			
•	• • • • • • • • •	2011211	JC 11., OCC	110-0704	•	DO	OT WRITE IN TH	IS SPACE	
				•		3. Date Incorporated or	Qualifed		
2. Principal Place of Business 2a. Mailing Address						7/17/199	3		
21		26	admig Address	_		4. FEI Number	4.5	Apr	plied For
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			<u>59-35270</u>	17 = -		t Applicable
22		27	•			5. Certifcate of Status D	esired 🗌	\$8.75 A Fee Red	
City & Sta	te		City & State			6. Election Campaign Fi	nancina		
Zip Country			28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
7				Country		8. This corporation owes the current year Intangible			
25 29 3 9. Name and Address of Current Registered Agent				30	Personal Property Tax.			□No	
DONA	LD L. NOBLE		ed Agent	81 Name		10. Name and Address	of New Registered	l Agent	
261									
261 CR 125 BUNNELL, FL 32110					Addres	s (P.O. Box Number is No	Acceptable)		
DOM	83		·						
				94	<u>. </u>	·		_	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corroffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporate							FI	85 Zip C	ode
office or	t to the provisions of Section registered agent, or both,	ons 607.0502 and 607 in the State of Florida.	.1508, Florida Statutes	s, the above-named	corpor	ation submits this statemen is board of directors. I here	t for the purpose o	f changing its r	egistered
again, i	ans lamiliar with, and accep	pt the obligations of, S	ection 607.0505, Florid	da Statutes.	oration	s board of directors. I here	y accept the appo	intment as regi	istered
SIGNATURE	Signature, typed or printed name of	I registered agent and title if on	mlicable (1975)		<u>-</u>			•	
12.	OF	FICERS AND DIRECT	FORS	Registered Agent algorature (required w		DATE		
TITLE	Pres./Vice	Pres.	DELETE	1.1 TITLE	T -	ADDITIONS/CHANGES	10 OFFICERS A	ND DIRECTOR Change	RS IN 12
NAME	Donald L. 1	Nobles		1.2 NAME				["] cuside	[] Addition
STREET ADDRESS	261 CR 125			1.3 STREET ADDRESS				•	
CITY-ST-ZIP TITLE	Bunnell, Fl			1.4 CITY-ST-ZIP					
NAME	Secretary/		DELETE	2.1 TITLE				Change	Addition
STREET ADDRESS	Wanda Noble	es		2.2 NAME	ł	a a			
CITY-ST-ZIP	261 CR 125			2.3 STREET ADDRESS					i
TITLE	Bunnell, FI	32110	□ DELETE	2.4 CITY-ST-ZIP -		÷	-		+
Name		•		3.2 NAME				Change	☐ Addition
STREET ADDRESS				3.3 STREET ADDRESS		30000	326 33	18:3	-3
CITY-ST-ZIP	·			3.4. CITY-ST-ZIP		-05/	'23/00- - 01(059010	
TITLE		•	DELETE	4.1 TITLE			*150.00 	Change	∏ Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET ADDRESS					
TITLE		· · · · · · · · · · · · · · · · · · ·	——————————————————————————————————————	4.4 CITY-ST-ZIP			<u>:</u>		
IAME	d .	•	☐ DELETE	5.1 TITLE				Change	☐ Addition
TREET ADDRESS	40 2 4 · · · ·		the second of the second	5.2 NAME					ļ
CITY-ST-ZIP	7		76. F	5.3 STREET ADDRESS		in the State of th	en de la companya de La companya de la co	· · · · · · · · · · · · · · · · · · ·	
TITLE	, , , , , , , , , , , , , , , , , , ,	<u> </u>	DELETE	5.4 CITY-ST-ZIP		,		'	
IAME				6.2 NAME			`%.	Change .	☐ Addition
TREET ADDRESS				6.3 STREET ADDRESS				-	
CITY-ST-ZIP				6.4 CITY+ST-ZIP		ib •		K	Ē I
IR INPERNY C	erlify that the information s	secondinal colds 41 1 mis		~ <u></u>					1

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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