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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$16786

(3)

RANDY MORRIS LOGGING, INC.

ROUTE 1, BOX 200 CMPLEY FL 32428  S. Date Incorporated or Qualified 12/03/1990 S. Date Incorporated or Qualified 15/93/04/1998 S. Date Incorporated or Qualified 15/93/04/1998 S. Date Incorporated or Qualified 15/93/04/1998 S. Date Incorporated or Status Desired 15/93/04/1998 S. Contribution 15/93/04/1998					
CAMPLEY FL 33428	# 100 INDAM AND 180 LA MARIN LOWOL VALUE WHILE MINE MANDE	Mailing Address		e of Business	Principal Place
2. Principal Flace of Business					
Suite, April #, citc.  City & State  Country  Zip  Zip  Country  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi					
Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  City & State  Country  270  Country  281  Reference Require  Added to Fe Fe Require  Added to Fe Fe Require  Special Statutes  Trust Fund Countribution  Trust Countribution  Trust Fund Countribution  Trust Countribution  Trust Countribution  Trust Fund Countribution  Trust Countributi			2a. Mailing Address	ace of Business	2. Principal FI
City & State  Ci					
28   Zip   Zip   Zip   Zip   Zip   Site   Site   Site   Zip   Site	Fee Required		27	,	22
Zip			<u>├</u> ──┐	;	
28   29   30   Florida Statutes   Yos   No		Country		Courte	
9. Name and Address of Current Registered Agent  MORRIS, RANDY ROUTE 1, BOX 200 CHIPLEY FL 32428  82 Street Address (P.O. Box Number is Not Acceptable)  83 City FL 85 Zip Code  84 City FL 85 Zip Code  85 City FL 85 Zip Code  86 City FL 85 Zip Code  87 City FL 85 Zip Code  88 City FL 85 Zip Code  88 City FL 85 Zip Code  89 City FL 80 Zip Code  89 City FL 80 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Zip Code  84 City FL 85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City FL 85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zi	· · · · · · · · · · · · · · · · · · ·		<u>├</u> ─┐	t1	
NOTE 1, BOX 200 CHIPLEY FL 32428  82   Street Address (P.O. Box Number is Not Acceptable)  83   B4   City   FL   B5   Zyp Code  84   City   FL   B5   Zyp Code  85   B6   City   FL   B6   City   FL   B7   City   FL   B8   City   FL   B9   City		301			24
ROUTE 1, BOX 200 CHIPLEY FL 32428  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City FL 85 Zip Code  85 Zip Code  86 City FL 85 Zip Code  87 City FL 85 Zip Code  88 Zip Code  88 Zip Code  89 City FL 85 Zip Code  89 City FL 85 Zip Code  89 City FL 85 Zip Code  80 Zip Code  81 Zip Code  80 Zip Code  81 Zip Code  82 Street Address (P.O. Box Number is Not Acceptable)  80 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City FL 85 Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code		B1 Name		RIS RANDY	MUB
CHIPLEY FL 32428  83  84 City FL 85 Zup Code  11. Pursuant to the provisions of Socions 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or boin, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent signature required when reinstating.  12. OF FIGERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THIS BOARD Agent signature required when reinstating.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THIS BOARD AGENT STREET ADDRESS CITY ST. 2IP  14. CITY ST. 2IP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THIS BOARD AGENT STREET ADDRESS CITY ST. 2IP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THIS BOARD AGENT STREET ADDRESS CITY ST. 2IP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THIS BOARD AGENT STREET ADDRESS CITY ST. 2IP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THIS BOARD AGENT STREET ADDRESS CITY ST. 2IP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THIS BOARD AGENT STREET ADDRESS CITY ST. 2IP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTO	Address (P.O. Box Number is Not Accentable)	R2 Street Ardrit			
B3   B4   City   FL   B5   Zip Code	Address (1.0. box Northber is Not Addeptable)	Street Addit			
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 regardent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    Supplies a princed now of regularised agent and fire # hopkcable   (NOTE Registered Agent algential reception when relinating)   DATE		83			<b>4</b> ,,,,
The Pursuant to the provisions of Sections 607.0508 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recorded 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature funds correct flore of regulared agent alm the displacable.  (NOTE Registered Agent algorithe required when reinstaling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THILE  MAME.  MORRIS, RANDY  ROUTE 1, BOX 200  CHIPLEY FL  1.1 TITLE  DAME.  AMM.  MORRIS, PENNY  ROUTE 1, BOX 200  CHIPLEY FL  1.4 CITY-ST-ZIP  DELETE  3.1 TITLE  Change  CHY-ST-ZIP  DELETE  3.2 MAME.  SIRELI ADDRESS  CITY-ST-ZIP  DELETE  3.3 NAME.  3.3 NAME.  SIRELI ADDRESS  CITY-ST-ZIP  DELETE  4.1 TITLE  Change  Change  CHIPLEY FL  AMME.  SIRELI ADDRESS  CITY-ST-ZIP  AMME.  AMM	FI 85 Zip Code	84 City			
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and accept the obligations of . Section 607 0505, Florida Statutes.  SIGNATURE  Signate Years or providings of experience degetered agent and the off applicable.  Signate Agent signature required when reinstating)  DATE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 ITILE  MORRIS, RANDY  ROUTE 1, BOX 200  CHIPLEY FL  1.2 NAME  NORRIS, PENNY  ROUTE 1, BOX 200  CHIPLEY FL  1.4 CITY-S1-ZIP  DELETE  2.2 STREET ADDRESS  CITY-S1-ZIP  DELETE  3.1 TILE  Change  C	corporation submits this statement for the purpose of changing its registered	es, the above-named corp	and 607.1508. Florida Statute	to the provisions of Sections 607.050	11. Pursuant t
SIGNATURE    Signature   Signa	poration's board of directors. I hereby accept the appointment as registered	uthorized by the corporati	of Florida. Such change was a	eoistered agent, or both, in the State	office or re
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE LADDRESS   1.1 THE		naa bialatos.	110/13 01, 00011011 001 10000, 1110	are accept the owng	ζ.
DELETE	required when reinstating) DATE	Registered Agent signature requir	t and lite if applicable (NOTE	Signature 1yped or similard record of registered ag-	SIGNATURE
MORRIS, RANDY	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	13.		OFFICERS AN	12.
STREET ADDRESS   CTY-S1-ZIP	Change Addition	1.1 TITLE	L_ DELETE	_	TILE
CITY-SI-ZIP		1.2 NAME			NAME
DELETE   DELETE   Change   DELETE   Change   DELETE   Change   DELETE   DELETE   Change   DELETE   D		1.3 STREET ADDRESS			STREET ADDRESS
MORRIS, PENNY   22 NAME   23 STREET ADDRESS   CHY-SI-ZIP   TITLE   Change   TITLE   TITLE   Change   TITLE   TITLE   Change	The state of the s		Dr. Ctr.		
STREET ADDRESS   CHIPLEY FL	Change Addition		U DELETE	•	
CHY-SI-7IP   CHIPLEY FL					
DELETE   31 TITLE   Change     NAME   32 NAME     STREEL ADDRESS     CITY - ST - ZIP     TITLE   DELETE   4.1 TITLE     NAME     STREEL ADDRESS     STREEL ADDRESS					
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CHY-ST-ZIP 4.4 CHY-ST-ZIP		4.3 STREET ADDRESS			
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TITLE DELETE 6.1 TITLE Change	Change Addition	6.1 TITLE	☐ DELETE	A STATE OF THE STA	TITLE
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STREET ADDRESS 6.3 STREET ADDRESS		6.3 STREET ADDRESS		//	STREET ADDRESS
CITY-ST-ZIP 64 CITY-ST-ZIP				/_/	
14. I do 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 arrivial/leport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under of fam an officer or director of the configuration or the receiver or instead that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	I that my signature shall have the same legal effect as if made under path: that	rue and accurate and that rered to execute this repor	upplemental annual report is to the receiver or tristee empow	on indicated on this ampliat report or flicer or director of the corporation o	informatio