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

PROFIT

SIGNATURE

## May 12 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** RANDY Morris Logging Inc. Principal Place of Business Mailing Address 1204 Roland Rd SAME DO NOT WRITE IN THIS SPACE Chipley, Fe 32428 3. Date incorporated or Qualified 2. Principal Place of Business 4. FEI Number 40769 2a. Mailing Address Applied For Manie SAME Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RANDY Moris Street Address (P.O. Box Number is Not Acceptable) 1204 Roland Rd Chipley, A 32428 City Zip Code 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. **MIGNATURE** (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Presiden 7 1.1 TITLE TITLE Change Addition RAMOY MOVIS NAME 1.2 NAME Prov Roland Rd Chipley Fe 32 Vice President 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY - ST - ZIP TITLE 2.1 TITLE Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP T DELETE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE -05/15/98--**0**1004•• TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 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 corporator 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 chapter 60 or on an attachment with an address.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE

FILED