FILED FILE NOW: FILING FEE AFTER MAY 181 IS \$550.00 Apr 30 1998 8:00am PROFIT CORPORATION **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORP DOCUMENT # V03506 (5)MERCER LOGGING, INC. Principal Place of Business Mailing Address P.O. BOX 21 P.O. BOX 21 LACOOCHEE FL 33537 LACOOCHEE FL 33537 DO NOT WRITE IN THIS SPACE 12/26/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3115287 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip This corporation owes or has paid the current year Intangible Yes Yes 25 30 Personal Property Tax due June 30. 29 24 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MERCER, LOUIS H. 81 Name 39410 MERCER RD 82 Street Address (P.O. Box Number is Not Acceptable) LACOOCHEE FL 33537 83 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) DAT 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ___ Addition DELETE Change TIFLE 11 1011 MERCER, LOUIS H. 1.2 NAME CR2E034 NAME 39410 MERCER RD. 1.3 STREET ADDRESS STREET ADDRESS LACOOCHEE FL 33537 CITY-SI-7IP 1.4 CITY-ST-ZIP Addition DELETE Channe **TITLE** 21 THLE 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-\$1-ZIP DELETE Addition 3.1 TOTE Change TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-S1-ZIP CITY - ST - ZIP Addition DELETE Change TITLE 41 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 61 TITLE TITLE 6 2 NAME 6 3 STREET ADDRESS Thereby certify that the information supplied with this filling 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 supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or frustee 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. I hereby certify that the information su indicated on this annual report or supp

SIGNATURE:

4-22-98