**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V10666** **(8)**

1. Corporation Name

**SPECIALTY TIMBERS, INC.**

Principal Place of Business

P.O BOX 422347
KISSIMMEE FL 34742
US

Mailing Address

P.O. BOX 422347
KISSIMMEE FL 34742
US

2. Principal Place of Business

21
Suite Apt. # etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

26
Suite Apt. # etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 01/26/1992

3a. Date of Last Report: 02/14/1995

4. FEI Number: 59-3102437 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCINTEE, JOHNS E.
241 E RUBY AVE
SUITE A
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name: M. W. Wells, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 340 North Orange Avenue
83
84 City: Orlando FL 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 my position as registered agent under Chapter 607, Florida Statutes.

SIGNATURE: M. W. Wells

January 15, 1996
DATE

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE: DP | ☐ DELETE |
| NAME: COOKE, BRADLEY W. | |
| STREET ADDRESS: 390 LAKEVIEW ST | |
| CITY, ST, ZIP: ORLANDO FL | |
| TITLE: DST | ☐ DELETE |
| NAME: COOKE, DEBRA M. | |
| STREET ADDRESS: 390 LAKEVIEW ST | |
| CITY, ST, ZIP: ORLANDO FL | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 11 TITLE | ☐ Change ☐ Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY, ST, ZIP | |
| 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY, ST, ZIP | |
| 31 TITLE | ☐ Change ☐ Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY, ST, ZIP | |
| 41 TITLE | ☐ Change ☐ Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY, ST, ZIP | |
| 51 TITLE | ☐ Change ☐ Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY, ST, ZIP | |
| 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY, ST, ZIP | |

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing, if any, is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 is added in Block 13 with an address.

**SIGNATURE:** Bradley W. Cooke — 1-15-96 — 407-933-6595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley W. Cooke