FILED

Sep 17, 1999 8:00 am Secretary of State

09-17-1999 90002 009 ***550.00

_
=
_
_
Ξ
Ξ
=
-
-

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

NAME

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SPENCE LOGGING COMPANY, INC.

	e of Business	5	Maili	ng Address						
2764 JEFFERS	ON ST		2764	JEFFERSON ST						
P.O. BOX 64				BOX 64						
WAUSAU FL 3	2463		****	ISAU FL 32463				DO NOT WRITE IN TH	HIS SPACE	
US			บร					3. Date incorporated or Qualified	,	
: 								02/24/1992	1 1	
2. Principal P	lace of Busin	iess	2a. N	Mailing Address				4. FEI Number	Applied For	
21			26					<u>59-3123010</u>	Not Applicable	
Suite, Apt.	#, etc.		s	suite, Apt. #, etc.			•	5. Certificate of Status Desired	\$8.75 Additional	
22			27						Fee Required	
City & Stat	e		c	City & State				6. Election Campaign Financing	\$5.00 May Be	
23			28		_			Trust Fund Contribution	Added to Fees	
Zip		Country	z	ip	Cou	untry		8. This corporation owes the current year		
24		25	29		30			Intangible Personal Property.	Yes No	
	9. Name	and Address of Currer	nt Regist <u>e</u> r	red Agent		 		10. Name and Address of New Register	ed Agent	
ODE	NOT DOV	•				81	Name			
	NCE, DOY					82	Street Addr	reet Address (P.O. Box Number is Not Acceptable)		
	JEFFERSC					-	Oli Cot / taali	035 (1:0: Box Hames: 15 Hot / losspins:15)		
WAI	USAU FL 3	2463				83				
							<u></u>		= O	
						84	City	F	85 Zip Code	
11. Pursuant	to the provie	ions of sections 607 050	2 and 607	1508 Florida Statu	es the ah	10VA-	named comor	ration submits this statement for the purpose of	f changing its registered	
office or i	registered ag	ent, or both, in the State	of Florida.	. Such change was	authorize	d by	the corporation	on's board of directors. I hereby accept the ap-	pointment as registered	
agent, i a	am familiar w	ith, and accept the obliga	ations of s	section 607 0505 F	Iorida Sta	ti itae			1	
-3*		and and accept are easily		1000011 001.0000, 1	101100 010		••			
SIGNATURE								(uined when reinstation) DATE		
SIGNATURE .		or printed name of registered ager	nt and title if ap	opiicable. (I	IOTE: Registe			uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
SIGNATURE	Signature, typed		nt and title if ap	opticable. (I	NOTE: Registe	ered Aç		uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
SIGNATURE .	Signature, typed	or printed name of registered ager OFFICERS AN	nt and title if ap	opiicable. (I	NOTE: Registe 13.	ered A		and 177017 10010 20797		
SIGNATURE . 12. TITLE NAME	Signature, typed D SPENCE,	or printed name of registered ager OFFICERS AN	nt and title if ap	opticable. (I	13. 1.1 TI	ered Aç ITLE IAME	gent signature requ	and 177017 10010 20797	AND DIRECTORS IN 12	
12. TITLE NAME STREET ADDRESS	D SPENCE, 101 JEFF	or printed name of registered ages OFFICERS AN DOYL ERSON STREET	nt and title if ap	opticable. (I	13. 1.1 TI 1.2 N 1.3 SI	ered A	gent signature requ	and 177017 10010 20797	AND DIRECTORS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, 101 JEFF WAUSAU	or printed name of registered ager OFFICERS AN	nt and title if ap	opikable. (I	13. 1.1 TI 1.2 N. 1.3 Si 1.4 C	ered Ag	gent signature requ	and 177017 10010 20797	AND DIRECTORS IN 12 Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D SPENCE, 101 JEFF WAUSAU D	OFFICERS AND DOYL ERSON STREET J FL 32463	nt and title if ap	opticable. (I	13. 1.1 TI 1.2 N 1.3 SI 1.4 C 2.1 TI	ered Ag ITLE AME TREET	gent signature requ	and 177017 10010 20797	AND DIRECTORS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D SPENCE, 101 JEFF WAUSAU D SPENCE,	OFFICERS AN OFFICERS AN DOYL FERSON STREET J FL 32463	nt and title if ap	opikable. (I	13. 1.1 TI 1.2 N. 1.3 ST 1.4 C 2.1 TI 2.2 N.	ITLE AME TREET	gent signature requi	and 177017 10010 20797	AND DIRECTORS IN 12 Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D SPENCE, 101 JEFF WAUSAU D SPENCE, 101 JEFF	OFFICERS AN OFFICERS AN DOYL ERSON STREET J FL 32463 MARY ERSON STREET	nt and title if ap	opikable. (I	13. 1.1 TI 1.2 N. 1.3 Si 1.4 C 2.1 TI 2.2 N. 2.3 SI	ITLE IAME ITY-ST- ITLE IAME	ADDRESS ADDRESS	and 177017 10010 20797	AND DIRECTORS IN 12 Change Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, 101 JEFF WAUSAU D SPENCE, 101 JEFF	OFFICERS AN OFFICERS AN DOYL FERSON STREET J FL 32463	nt and title if ap	Opticable. (I	13. 1.1 TI 1.2 N. 1.3 SI 1.4 C 2.1 TI 2.2 N. 2.3 SI 2.4 CI	ITLE IAME TREET ITLE IAME TREET	ADDRESS ADDRESS	and 177017 10010 20797	AND DIRECTORS IN 12 Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D SPENCE, 101 JEFF WAUSAU D SPENCE, 101 JEFF	OFFICERS AN OFFICERS AN DOYL ERSON STREET J FL 32463 MARY ERSON STREET	nt and title if ap	opikable. (I	13. 1.1 TI 1.2 N. 1.3 ST 1.4 C 2.1 TI 2.2 N. 2.3 ST 2.4 C 3.1 TI	ITLE ITLE ITLE ITLE ITTLE ITTLE ITTLE ITTLE ITTLE ITTLE	ADDRESS ADDRESS	and 177017 10010 20797	AND DIRECTORS IN 12 Change Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, 101 JEFF WAUSAU D SPENCE, 101 JEFF	OFFICERS AN OFFICERS AN DOYL ERSON STREET J FL 32463 MARY ERSON STREET	nt and title if ap	Opticable. (I	13. 1.1 TI 1.2 N. 1.3 SI 1.4 C 2.1 TI 2.2 N. 2.3 SI 2.4 CI	ITLE ITLE ITLE ITLE ITTLE ITTLE ITTLE ITTLE ITTLE ITTLE	ADDRESS ADDRESS	and 177017 10010 20797	AND DIRECTORS IN 12 Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D SPENCE, 101 JEFF WAUSAU D SPENCE, 101 JEFF	OFFICERS AN OFFICERS AN DOYL ERSON STREET J FL 32463 MARY ERSON STREET	nt and title if ap	Opticable. (I	13. 1.1 TI 1.2 N. 1.3 Si 1.4 C 2.1 TI 2.2 N. 2.3 SI 2.4 C 3.1 TI 3.2 N.	ITLE AME TREET, ITY-ST. ITLE AME TREET, ITY-ST. ITLE	ADDRESS ADDRESS	and 177017 10010 20797	AND DIRECTORS IN 12 Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	D SPENCE, 101 JEFF WAUSAU D SPENCE, 101 JEFF	OFFICERS AN OFFICERS AN DOYL ERSON STREET J FL 32463 MARY ERSON STREET	nt and title if ap	Opticable. (I	13. 1.1 TI 1.2 N 1.3 Si 1.4 C 2.1 TI 2.2 N 2.3 SI 2.4 Ci 3.1 TI 3.2 N 3.3 SI	ITLE AME TREET, ITY-ST. ITLE AME TREET, ITY-ST. ITLE	ADDRESS ADDRESS ADDRESS ADDRESS	and 177017 10010 20797	AND DIRECTORS IN 12 Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D SPENCE, 101 JEFF WAUSAU D SPENCE, 101 JEFF	OFFICERS AN OFFICERS AN DOYL ERSON STREET J FL 32463 MARY ERSON STREET	nt and title if ap	Opticable. (I	13. 1.1 TI 1.2 N 1.3 Si 1.4 C 2.1 TI 2.2 N 2.3 SI 2.4 Ci 3.1 TI 3.2 N 3.3 SI	ITLE ITLE ITREET ITLE ITLE ITLE ITLE ITLE ITLE ITLE I	ADDRESS ADDRESS ADDRESS ADDRESS	and 177017 10010 20797	AND DIRECTORS IN 12 Change Addition Change Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, 101 JEFF WAUSAU D SPENCE, 101 JEFF	OFFICERS AN OFFICERS AN DOYL ERSON STREET J FL 32463 MARY ERSON STREET	nt and title if ap	DELETE DELETE DELETE	13. 1.1 TI 1.2 N. 1.3 ST 1.4 CC 2.1 TI 2.2 N. 2.3 ST 2.4 CC 3.1 TI 3.2 N. 3.3 ST 3.4 CC 3.4 CC 3.4 CC 3.4 CC 3.5 C	ITLE AME TREET AME TREET AME TREET	ADDRESS ADDRESS ADDRESS ADDRESS	and 177017 10010 20797	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE	D SPENCE, 101 JEFF WAUSAU D SPENCE, 101 JEFF	OFFICERS AN OFFICERS AN DOYL ERSON STREET J FL 32463 MARY ERSON STREET	nt and title if ap	DELETE DELETE DELETE	13. 1.1 TI 1.2 N 1.3 Si 1.4 C 2.1 TI 2.2 N 2.3 Si 2.4 C 3.1 TI 3.2 N 3.3 Si 3.4 C 4.1 TI 4.2 N	ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	ADDRESS ADDRESS ADDRESS ADDRESS	and 177017 10010 20797	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D SPENCE, 101 JEFF WAUSAU D SPENCE, 101 JEFF	OFFICERS AN OFFICERS AN DOYL ERSON STREET J FL 32463 MARY ERSON STREET	nt and title if ap	DELETE DELETE DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 C 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 CI 4.1 TI 4.2 N 4.3 SI	ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS	and 177017 10010 20797	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D SPENCE, 101 JEFF WAUSAU D SPENCE, 101 JEFF	OFFICERS AN OFFICERS AN DOYL ERSON STREET J FL 32463 MARY ERSON STREET	nt and title if ap	DELETE DELETE DELETE	13. 1.1 TI 1.2 N 1.3 SI 1.4 C 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 SI 3.4 CI 4.1 TI 4.2 N 4.3 SI	ITLE AME TREET ITLE AME	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS	and 177017 10010 20797	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, 101 JEFF WAUSAU D SPENCE, 101 JEFF	OFFICERS AN OFFICERS AN DOYL ERSON STREET J FL 32463 MARY ERSON STREET	nt and title if ap	DELETE DELETE DELETE	13. 1.1 TI 12 N. 1.3 ST 1.4 CC 2.1 TI 2.2 N. 2.3 ST 2.4 CC 3.1 TI 3.2 N. 3.3 ST 3.4 CC 4.1 TI 4.2 N. 4.3 ST 4.4 CC	ITLE AME TREET, ITLE AME TREET,	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS	and 177017 10010 20797	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D SPENCE, 101 JEFF WAUSAU D SPENCE, 101 JEFF	OFFICERS AN OFFICERS AN DOYL ERSON STREET J FL 32463 MARY ERSON STREET	nt and title if ap	DELETE DELETE DELETE	13. 1.1 Ti 1.2 N. 1.3 Si 1.4 C. 2.1 Ti 2.2 N. 2.3 Si 2.4 Ci 3.1 Ti 3.2 N. 3.3 Si 3.4 Ci 4.1 Ti 4.2 N. 4.3 Si 4.4 Ci 5.1 Ti 5.2 N.	ITLE IAME TREET. ITY-ST. ITY-S	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	and 177017 10010 20797	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D SPENCE, 101 JEFF WAUSAU D SPENCE, 101 JEFF	OFFICERS AN OFFICERS AN DOYL ERSON STREET J FL 32463 MARY ERSON STREET	nt and title if ap	DELETE DELETE DELETE	13. 1.1 Ti 1.2 N. 1.3 Si 1.4 C 2.1 Ti 2.2 N. 2.3 Si 2.4 Ci 3.1 Ti 3.2 N. 3.3 Si 3.4 Ci 4.1 Ti 4.2 N. 4.3 Si 4.4 Ci 5.1 Ti 5.2 N. 5.3 Si	ITLE IAME TREET. ITLE IAME TREET ITLE IAME TREET ITLE ITLE ITLE ITLE ITLE ITLE ITLE I	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	and 177017 10010 20797	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D SPENCE, 101 JEFF WAUSAU D SPENCE, 101 JEFF	OFFICERS AN OFFICERS AN DOYL ERSON STREET J FL 32463 MARY ERSON STREET	nt and title if ap	DELETE DELETE DELETE	13. 1.1 Ti 1.2 N. 1.3 Si 1.4 C 2.1 Ti 2.2 N. 2.3 Si 2.4 Ci 3.1 Ti 3.2 N. 3.3 Si 3.4 Ci 4.1 Ti 4.2 N. 4.3 Si 4.4 Ci 5.1 Ti 5.2 N. 5.3 Si	ITLE AME ITREET, ITLE AME ITLE	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	and 177017 10010 20797	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	

6.3 STREET ADDRESS

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 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.