

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 # **V48766** (2)

1. Corporation Name

KIELLA TIMBER HARVESTING, INC.



Principal Place of Business

**RT. 1, BOX 67
ZOLFO SPRINGS FL 33890**

Mailing Address

**RT. 1, BOX 67
ZOLFO SPRINGS FL 33890**

3. Date Incorporated or Qualified
07/08/1992

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **4167 Sunset Drive**

26 **4167 Sunset Drive**

4. FEI Number
65-0343230

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State
Zolfo Springs FL

27 City & State
Zolfo Springs FL

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

23 Zip
33890

24 Country
Hardee

28 Zip
33890

30 Country
Hardee

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIELLA, JERRY P.
RT. 1, BOX 67 SUNSET DR.
ZOLFO SPRINGS FL 33890**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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.

SIGNATURE

Signature typed or printed name of registered agent and then applicable

Signature typed or printed name of registered agent and then applicable

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPT
KIELLA, JERRY P.**
STREET ADDRESS **RT. 1, BOX 67**
CITY-ST-ZIP **ZOLFO SPRINGS FL**

TITLE ☐ DELETE

NAME **KIELLA, LINDA J**
STREET ADDRESS **RT. 1, BOX 67**
CITY-ST-ZIP **ZOLFO SPRINGS 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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **DPT
Kiella, Jerry P.**
1.3 STREET ADDRESS **4167 Sunset Drive**
1.4 CITY-ST-ZIP **Zolfo Springs, FL 33890**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Kiella, Linda J**
2.3 STREET ADDRESS **4167 Sunset Drive**
2.4 CITY-ST-ZIP **Zolfo Springs, FL 33890**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:

Linda J. Kiella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

941/735-0431

Date

Day/Total Phone #

CR2E034 (12/95)