

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90038 050 \*\*\*150.00

DOCUMENT # V64847 ✓

1. Corporation Name

TIMBER TRANSFER, INC.



Principal Place of Business

350 SE 6TH STREET  
LAKE BUTLER FL 32054

Mailing Address

P.O. BOX 311  
LAKE BUTLER FL 32054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1992

4. FEI Number

59-3151916

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH HULSEY & BUSEY  
225 WATER STREET  
SUITE 1800  
JACKSONVILLE FL 32202

81 Name

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

83

84 City

FL

85 Zip Code

1. 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ DELETE

1.1 TITLE

President

☐ Change ☒ Addition

1.2 NAME

1.2 NAME

Jon W. Pritchett

1.3 STREET ADDRESS

1.3 STREET ADDRESS

P.O. Box 311

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

Lake Butler, FL 32054

2.1 TITLE

☒ DELETE

2.1 TITLE

CEO

☐ Change ☒ Addition

2.2 NAME

2.2 NAME

Marvin H. Pritchett

2.3 STREET ADDRESS

2.3 STREET ADDRESS

P.O. Box 311

2.4 CITY-ST-ZIP

2.4 CITY-ST-ZIP

Lake Butler, FL 32054

3.1 TITLE

☐ DELETE

3.1 TITLE

Secretary

☐ Change ☒ Addition

3.2 NAME

3.2 NAME

Phillip W. Pritchett

3.3 STREET ADDRESS

3.3 STREET ADDRESS

P.O. Box 311

3.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

Lake Butler, FL 32054

4.1 TITLE

☐ DELETE

4.1 TITLE

Secretary

☐ Change ☒ Addition

4.2 NAME

4.2 NAME

Robin P. Wilson

4.3 STREET ADDRESS

4.3 STREET ADDRESS

P.O. Box 311

4.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

Lake Butler, FL 32054

5.1 TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.2 NAME

5.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.2 NAME

6.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

4/28/99

(904) 496-2630