

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

FILED

**Mar 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V69548 (8)

1. Corporation Name:
BEASLEY LOGGING, INC.



Principal Place of Business: RT 4 BOX 750 WILLISTON FL 32696	Mailing Address: RT 4 BOX 750 WILLISTON FL 32696-9434
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2. Principal Place of Business: 21 18351 SE 11th Place State Apt. #, etc.	2a. Mailing Address: 26 18351 SE 11th Place Suite, Apt. #, etc.	3. Date Incorporated or Qualified: 10/08/1992	3a. Date of Last Report: 01/25/1996
22 City & State:	27 City & State:	4. FEI Number: 59-3157108	Applied For: Not Applicable
23 Zip: Country:	28 Zip: Country:	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip: Country:	29 Zip: Country:	30 Zip: Country:	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
9. Name and Address of Current Registered Agent: BEASLEY, CARMEN W RT 4 BOX 750 WILLISTON FL 32696		10. Name and Address of New Registered Agent:	

81 Name:	82 Street Address (P.O. Box Number is Not Acceptable):	83:	84 City:	85 Zip Code:
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD BEASLEY, TIMOTHY S	1.2 NAME	
STREET ADDRESS	RT 4 BOX 750	1.3 STREET ADDRESS	
CITY - ST - ZIP	WILLISTON FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S BEASLEY, CARMEN W.	2.2 NAME	
STREET ADDRESS	RT 4 BOX 750	2.3 STREET ADDRESS	
CITY - ST - ZIP	WILLISTON FL 32696	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Carmen Beasley **Carmen Beasley** 3/10/97 352-528-3011
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)