

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000075809

**FILED
Mar 20, 2014
Secretary of State
CC0750180945**

Entity Name: LEVINGS FOREST PRODUCTS, INC.

Current Principal Place of Business:

619 NW RAILROAD ST
LAKE CITY, FL 32055

Current Mailing Address:

P.O. BOX 2758
LAKE CITY, FL 32056

FEI Number: 59-3212526

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVINGS, ALBERT SJR
619 NW RAILROAD ST
LAKE CITY, FL 32055 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PSD
Name LEVINGS, AL JR
Address 619 NW RAILROAD ST
City-State-Zip: LAKE CITY FL 32055

Title VP
Name LEVINGS, EMILY A
Address PO BOX 2758
City-State-Zip: LAKE CITY FL 32056

Title S
Name CAPP, BARBARA
Address PO BOX 2758
City-State-Zip: LAKE CITY FL 32056

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AL LEVINGS JR

PRESIDENT

03/20/2014

Electronic Signature of Signing Officer/Director Detail

Date