

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000075809

**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	Title	VP
Name	LEVINGS, AL JR	Name	LEVINGS, EMILY A
Address	619 NW RAILROAD ST	Address	PO BOX 2758
City-State-Zip:	LAKE CITY FL 32055	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**

**04/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date