


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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K54522  
1. Corporation Name  
Columbia Timber Company, Inc.

Principal Place of Business: 4121 NW 37th Place, suite A Gainesville, FL 32606  
Mailing Address: 4121 NW 37th Place, suite A Gainesville, FL 32606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:  
21 4121 NW 37th Pl,  
22 Suite Apt #, etc A  
23 Gainesville, FL  
24 Zip 32606 25 Country USA

2a. Mailing Address:  
26 4121 NW 37th Plau  
27 A  
28 Gainesville, FL  
29 Zip 32606 30 Country USA

3. Date incorporated or Qualified: 12/29/88  
4. FEI Number: 59-3038167  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent  
Davidson Albert I  
6425 NW 54th Way  
Gainesville, FL 32653 US

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DPT Davidson, Albert, I	<input type="checkbox"/> DELETE
NAME	Davidson, Albert, I	
STREET ADDRESS	6425 NW 54th Way	
CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	DVS McRae, Norman, I	<input type="checkbox"/> DELETE
NAME	McRae, Norman, I	
STREET ADDRESS	RE 14, Box 519	
CITY-ST-ZIP	Lake City, FL 32024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	32653
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	32024
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	1000025267001
63 STREET ADDRESS	-05/18/98--01031--011
64 CITY-ST-ZIP	***150.00

14. I hereby certify that the information supplied in 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 supplement thereto 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 officer 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 corrected, if filed with an address.

SIGNATURE:  Norman I. McRae, Vice President 4/29/98 352-375-1473

CR2E034 (10/97)