

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 2:13

DOCUMENT # **P26344** (2)  
1. Corporation Name  
**SOUTH ALABAMA TIMBERLAND, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
901 SO. 3 NOTCH ST. P. O. BOX 755 TROY AL 36081		901 SO. 3 NOTCH ST. P. O. BOX 755 TROY AL 36081		10/06/1989	02/09/1994
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	63-0755419	Not Applicable		
Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		X			
City & State		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
23		Trust Fund Contribution		□	
Zip	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		□ Yes <input checked="" type="checkbox"/> No	
24	25	29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AKINS, MARGARET 900 HATHAWAY BRONSON FL 32621				81 Name	Bill Watson William B. Watson III		
				82 Street Address (P.O. Box Number is Not Acceptable)	527 East University Avenue		
				83			
				84 City	Gainesville	FL	85 Zip Code 32601

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: *William B. Watson III* DATE: 2/8/95  
(Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD HENDERSON, JERE A. 901 SO. 3 NOTCH ST. TROY AL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAS STROTHER, JAMES B. 901 SO. 3 NOTCH ST. TROY AL	1.2 NAME	
STREET ADDRESS	VT HENDERSON, JERE A. 901 SO. 3 NOTCH ST. TROY AL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		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		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), 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 or an attachment with an address.

SIGNATURE: *J. Barron Strother* J. Barron Strother, President 1/25/95 20586-1870  
(Signature typed or printed name of signing officer or director)