

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
04-29-2002 90117 021 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P26344 ✓  
1. Entity Name  
SOUTH ALABAMA TIMBERLANDS, INC.

**DO NOT WRITE IN THIS SPACE**

30254

2. Principal Place of Business  
901 S. THREE NOTCH ST  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 407  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TROY, AL  
Zip  
36081  
Country  
USA

City & State  
TROY, AL  
Zip  
36081  
Country  
USA

4. FEI Number  
63-0755419  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
CT CORPORATION SYSTEM  
Street Address (P.O. Box Number Is Not Acceptable)  
1200 South Pine Island Road  
City  
Plantation FL Zip Code  
33324

8. 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 *Dale W. Morris* DALE W. MORRIS ASSISTANT VICE PRESIDENT 5/16/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees.

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
JEREMIAH A. HENDERSON  
20102 ATASCOCITA LAKES DR.  
HUMBLE, TX 77346

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
JAMES B. STROTHER  
261 SANDTRAP RD, UNIT 2-C  
DESTIN, FL 32550

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. I 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 report or supplemental 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 11 or in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4/12/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)