

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 129639

1. Corporation Name
ST. JOE TIMBERLAND COMPANY

Principal Place of Business

1650 PRUDENTIAL DRIVE
STE 400
JACKSONVILLE FL 32207
US

Mailing Address

P O BOX 1380
JACKSONVILLE FL 32201
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

RHODES, ROBERT M
1650 PRUDENTIAL DR, STE 400
JACKSONVILLE, FL
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and title if applicable

(NOT) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	RUMMELL, PETER S	
STREET ADDRESS	1650 PRUDENTIAL DR, STE 400	
CITY-STATE-ZIP	JACKSONVILLE, FL 32202 32207	
TITLE	POB	<input checked="" type="checkbox"/> DELETE
NAME	LEDINGER, JR CHARLES A	
STREET ADDRESS	1650 PRUDENTIAL DR, STE 400	
CITY-STATE-ZIP	JACKSONVILLE, FL 32202 32207	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	RHODES, ROBERT M	
STREET ADDRESS	1650 PRUDENTIAL DR, STE 400	
CITY-STATE-ZIP	JACKSONVILLE, FL 32202 32207	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	JONES, JR J MALCOLM	
STREET ADDRESS	1650 PRUDENTIAL DR, STE 400	
CITY-STATE-ZIP	JACKSONVILLE, FL 32202 32207	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SMALLWOOD, H CLAY	
STREET ADDRESS	1650 PRUDENTIAL DR, STE 400	
CITY-STATE-ZIP	JACKSONVILLE, FL 32202 32207	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	KEVIN M. TWOMEY	
13 STREET ADDRESS	1650 PRUDENTIAL DR., STE 400	
14 CITY-STATE-ZIP	JACKSONVILLE, FL 32207	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. 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 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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Robert M. Rhodes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99

904-396-6600
Daytime Phone #

APPROVED
AND
FILED

99 MAR 26 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1905

4. FEI Number

59-0432765

Applied For
Not Applicable

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 the current year intangible
Personal Property Tax

☐ Yes ☒ No

10. Name and Address of New Registered Agent

CR2E034 (11/98)