

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 204685 (2)  
1. Corporation Name  
SOUTHLAND TIMBER COMPANY



Principal Place of Business Mailing Address  
HIGHWAY 47  
P O BOX 87  
FORT WHITE FL 32038-0087  
HIGHWAY 47  
P O BOX 87  
FORT WHITE FL 32038-0087

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 P.O. Drawer H  
22 City & State 27 Suite, Apt. #, etc.  
23 City & State 28 Branford, FL  
24 Zip 25 Country 29 32038 30 USA

3. Date Incorporated or Qualified 07/31/1957 3a. Date of Last Report 03/06/1995  
4. FEI Number 59-0932300 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

DEESE, ROBERT S.  
HWY 47  
FT WHITE FL 32038

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME DEESE, ROBERT S.  
STREET ADDRESS HWY 47  
CITY-ST-ZIP FT WHITE FL  
TITLE SD  
NAME DEESE, SALLIE MAE  
STREET ADDRESS HWY 47  
CITY-ST-ZIP FT. WHITE FL  
TITLE V  
NAME DEESE, MIKE  
STREET ADDRESS HWY 47  
CITY-ST-ZIP FT WHITE FL 32038  
TITLE V  
NAME DEESE, JOEY  
STREET ADDRESS HWY 47  
CITY-ST-ZIP FT. WHITE FL 32038  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.S. Deese

3/14/96

Date

Daytime Phone #

941-462-1221

CR2E034 (12/95)