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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 204685

1. Corporation Name

SOUTHLAND TIMBER COMPANY

•							
Principal Place	e of Business	Mailing Address				T 1881/8 11811 ABTIL BIBIN QUEST JUINT BIST GEBIL BYBIN BYBIN BYBIN BIBIN BEBIN JEBR	
HIGHWAY: 47		P O BOX 450			·		
P O BOX 87		BRANFORD FL 32008	· •			TO MOTIVIDITE IN THE OPLOT	
FORT WHITE FL 32038-0087		US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
						1 **	
- District Di	In a f Dunings	2a. Mailing Address				07/31/1957 . Applied For	
	lace of Business	<u> </u>				59-0932300 Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additional	
-	#, etc.	27				5. Certificate of Status Desired Fee Required	
City & State	e	City & State				6. Election Campaign Financing S5.00 May Be	
23	•	28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax. Yes No	
<u></u>	9. Name and Address of Cui	rent Registered Agent				10. Name and Address of New Registered Agent	
				81	Name		
	se, robert s.			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
HWY							
FT W	VHITE FL 32038			83		· · · · · · · · · · · · · · · · · · ·	
				84	City	85 Zip Code	
			•	04	City	FL S Z S S S S S S S S	
		0500 C07 4500 Flade Cta	utaa tha	abaya.	nomed on	recretion submits this statement for the purpose of changing its registered	
office or re agent. I as	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was ligations of, Section 607.0505, f	authorize Iorida Sta	ed by tratutes.	ne corpora	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
office or re agent. I an SIGNATURE	egistered agent, or both, in the St m familiar with, and accept the ob Signature, typed or printed name of registered	ate of Florida. Such change was ligations of, Section 607.0505, f agent and title if applicable. (NC	authorize florida Sta	ed by the atutes.	ne corpora	ired when reinstating)	
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90034 030 ***150.00