SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 260968 (3)

1. Corporation Name

FLORIDA RIVER TIMBERLANDS, INC.

Principal Place of Business	Mailing Address
C/O SHACKLEFORD. FARRIOR. ET AL 10605 ILEX ST. (P.O. BOX 3324) TAMPA FL 33601	C/O SHACKLEFORD. FARRIOR. ET AL 10605 ILEX ST. (P.O. BOX 3324) TAMPA FL 33601

2. Principal Place of Business	2a. Mailing Address
21 10605 Ilex Street	26
Suite, Apt #, etc 22 —	Suite, Apt #, etc. 27
City & State 23 Tampa, Florida	City & State 28
Zip 24 33618 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **07/18/1962**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1004543** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EVANS,THOMAS P
10605 ILEX ST
TAMPA FL

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	STD	☒ DELETE
NAME	KREBS, HARRY L	
STREET ADDRESS	12401 N 22ND ST. #B-609	
CITY-ST-ZIP	TAMPA FL	
TITLE	VAS	☐ DELETE
NAME	EVANS, BETTY D	
STREET ADDRESS	10605 ILEX ST	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	PD	☐ DELETE
NAME	EVANS, THOMAS P	
STREET ADDRESS	10605 ILEX ST	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	☐ Change ☒ Addition
1.2 NAME	Evans, Thomas D	
1.3 STREET ADDRESS	1401 Dorsett Place	
1.4 CITY-ST-ZIP	Tampa, Fla.	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas P. Evans — June 26 1996 — (813) 932-2898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #