2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 280062

Entity Name: ALFORD TIMBER, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3816 REID STREET PALATKA, FL 32177

Current Mailing Address: New Mailing Address:

3816 REID STREET PALATKA, FL 32177

FEI Number: 59-1297672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLAPP, KATHRYN A
3816 REID ST.
PALATKA, FL 32177

ALFORD, BRYAN T
3816 REID ST.
PALATKA, FL 32177

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: BRYAN T ALFORD 04/30/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: ALFORD, BRYAN T. Name: ALFORD, BRYAN T

 Address:
 ROUTE 1, BOX 2000
 Address:
 ROUTE 1, BOX 2000

 City-St-Zip:
 PALATKA, FL 32177
 City-St-Zip:
 PALATKA, FL 32177

Title: VPD () Delete Title: VPD (X) Change () Addition Name: ALFORD JR, CHARLES E, Name: ALFORD, CHARLES E JR

 Name:
 ALFORD JR, CHARLES E,
 Name:
 ALFORD, CHARLES E ,

 Address:
 ROUTE 1, BOX 2000
 Address:
 ROUTE 1, BOX 2000

 City-St-Zip:
 PALATKA, FL 32177
 City-St-Zip:
 PALATKA, FL 32177

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 CLAPP, KATHERYN A.
 Name:
 CLAPP, KATHRYN A.

 Address:
 ROUTE 1, BOX 2000
 Address:
 ROUTE 1, BOX 2000

 City-St-Zip:
 PALATKA, FL 32177
 City-St-Zip:
 PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN T ALFORD PD 04/30/2002