

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **449471** (2)

1. Corporation Name
DANIELS LAND & TIMBER COMPANY



Principal Place of Business: **RT 15 BOX 1760 LAKE CITY FL 32024 US**
Mailing Address: **RT 15 BOX 1760 LAKE CITY FL 32024 US**

3. Date Incorporated or Qualified: **03/29/1974**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1539609**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**DANIELS, T. PAT
RT. 2, BOX 294C
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **Rt. 15, Box 1760**
83
84 City: **Lake City** FL 85 Zip Code: **32024**

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: _____ (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	DANIELS (T. PAT)	
STREET ADDRESS	ROUTE 2, BOX 294 C	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CARPENTER (DENNIS)	
STREET ADDRESS	950 LAKE MONTGOMERY DR.	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	TEMPLE, LILLIAN C.	
STREET ADDRESS	RT. 2, BOX 201-C	
CITY-ST-ZIP	WELLBORN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Rt. 15, Box 1760
1.4 CITY-ST-ZIP	Lake City, FL 32024
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Rt. 6, Box 443-I
3.4 CITY-ST-ZIP	Lake City, FL 32025
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	700001840100
6.4 CITY-ST-ZIP	-05/28/96--01019--004
	***800.00

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: *Lillian C. Temple*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 752-2864
Date: _____ Office Phone # _____

CRE034 (12/95)