

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 28 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 674071 (6)

1. Corporation Name
SUWANNEE LAND & TIMBER, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**412 NE 16TH AVE. STE 130
POB 1776
GAINESVILLE FL 32601
US**

Mailing Address
**412 NE 16TH AVE. STE 130
POB 1776
GAINESVILLE FL 32601
US**

3. Date Incorporated or Qualified **08/19/1980** 3a. Date of Last Report **03/04/1994**

4. FEI Number **59-2114240** 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

2. Principal Place of Business

21. City & State

22. City & State

23. City & State

24. Zip

25. Country

26. Mailing Address

27. City & State

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**LEE, CARDAD E.
412 N.E. 16TH AVE.
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 _____
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **VS**

NAME **LEE, CARDAD E.**

STREET ADDRESS **412 NE 16TH AVE.**

CITY - ST - ZIP **GAINESVILLE, FL 00000**

TITLE **AS**

NAME **CHAPMAN, LISA S.**

STREET ADDRESS **412 N.E. 16TH AVE.**

CITY - ST - ZIP **GAINESVILLE FL**

TITLE **P**

NAME **LEE, EMILY G.**

STREET ADDRESS **1818 N.W. 22 DRIVE**

CITY - ST - ZIP **GAINESVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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

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

SIGNATURE: Cardad E. Lee
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
CARDAD E. LEE

2-22-95
Date Date of Filing #