FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 26 AM 10: 18
TALLAHASSEE, FLORIDA

DOCUMENT # 804653 (4)

1. Corporation Name

SOUTHERN STATES LAND AND TIMBER CORPORATION

Principal Place of Business	Mailing Address
228 ST CHARLES AVENUE SUITE 716 NEW ORLEANS LA 70130-2607	228 ST CHARLES AVENUE SUITE 716 NEW ORLEANS LA 70130-2607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1936
3a. Date of Last Report: 07/22/1994

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

4. FEI Number: 59-0458270 ☐ 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

BOTOS, MICHAEL E
1900 PHILLIPS POINT WEST
777 SOUTH FLAGLER DRIVE
W. PALM BCH. FL 33401-6198

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	VD
NAME	LEMANN, THOMAS B
STREET ADDRESS	201 ST.CHARLES AVE,#3300
CITY ST ZIP	NEW ORLEANS LO
TITLE	PD
NAME	LEMANN, STEPHEN B
STREET ADDRESS	201 ST.CHARLES AVE,#3300
CITY ST ZIP	NEW ORLEANS LO
TITLE	VD
NAME	BRIGHT, EDGAR A G JR
STREET ADDRESS	300 ONE SHELL SQUARE
CITY ST ZIP	NEW ORLEANS LO
TITLE	D
NAME	RICHARD K. LEEFE
STREET ADDRESS	3900 CAUSEWAY BLVD. SUITE 1470
CITY ST ZIP	METAIRIE LO
TITLE	STD
NAME	RODRIGUE, ROBERT P
STREET ADDRESS	228 ST CHARLES AVE #716
CITY ST ZIP	NEW ORLEANS, LA 00000
TITLE	D
NAME	CAMBRE, RONALD C.
STREET ADDRESS	1615 POYDRAS STREET
CITY ST ZIP	NEW ORLEANS LA

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)(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.

SIGNATURE: Robert P. Rodrigue Sec.-Treas. 7-20-95 504-5234901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0472027 FP