

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90133 046 ***150.00

DOCUMENT # 804653

1. Corporation Name

SOUTHERN STATES LAND AND TIMBER CORPORATION

Principal Place of Business

228 ST CHARLES AVENUE
~~SUITE 710~~
NEW ORLEANS LA 70130-2607

Mailing Address

228 ST CHARLES AVENUE
~~SUITE 710~~
NEW ORLEANS LA 70130-2607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1936

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 SUITE 1024

27 SUITE 1024

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

MAYANS, STEVEN A
FITZGERALD HAWKINS ET AL
515 N. FLAGLER DRIVE, SUITE 900
WEST PALM BEACH FL 33402

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEMANN, THOMAS B
STREET ADDRESS 201 ST CHARLES AVE, #3300
CITY-ST-ZIP NEW ORLEANS LA 70130

☐ DELETE

TITLE D
NAME HINZ, SHIRLEY J
STREET ADDRESS 652 CYPRESS KEY CIRCLE
CITY-ST-ZIP ATLANTIS FL 33462

☐ DELETE

TITLE ~~VP~~ VICE-PRESIDENT
NAME BRIGHT, EDGAR A JR
STREET ADDRESS 300 ONE SHELL SQUARE
CITY-ST-ZIP NEW ORLEANS LA ~~70175~~ 70139

☐ DELETE

TITLE D
NAME LEEFE, RICHARD K
STREET ADDRESS 3900 CAUSEWAY BLVD. SUITE 1470
CITY-ST-ZIP METAIRIE LA

☐ DELETE

TITLE ST
NAME QUINTANA, KIMBERLEY M
STREET ADDRESS 228 ST CHARLES AVE #716
CITY-ST-ZIP NEW ORLEANS LA

☐ DELETE

TITLE D
NAME CAMBRE, RONALD C
STREET ADDRESS 1615 POYDRAS STREET
CITY-ST-ZIP NEW ORLEANS LA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME Timothy P. Bright
1.3 STREET ADDRESS 300 One Shell Square
1.4 CITY-ST-ZIP New Orleans, LA 70139

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Kimberley M. Quintana (Kimberley M. Quintana) 4/23/99 (504) 532-1024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)