

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

**APPROVED  
AND  
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**95 APR 27 AM 10:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # 831545 (9)**

1. Corporation Name  
**MEAD TIMBER COMPANY**

Principal Place of Business  
**C T CORPORATION SYSTEM  
8751 WEST BROWARD BLVD  
PLANTATION FL 33324**

Mailing Address  
**C T CORPORATION SYSTEM  
8751 WEST BROWARD BLVD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified  
**12/31/1973**

3a. Date of Last Report  
**02/09/1994**

4. FEI Number  
**31-0841604**

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

Country  
25  
30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b>	1. TITLE	<b>COB</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRABER, WILLIAM R</b>	2. NAME	
STREET ADDRESS	<b>COURTHOUSE PLAZA, N.E.</b>	3. STREET ADDRESS	
CITY - ST - ZIP	<b>DAYTON OH</b>	4. CITY - ST - ZIP	
TITLE	<b>S</b>	2.1 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYMAN, J.L.</b>	2.2 NAME	<b>G. J. MALY, JR.</b>
STREET ADDRESS	<b>COURTHOUSE PLAZA, NE</b>	2.3 STREET ADDRESS	<b>COURTHOUSE PLAZA, NE</b>
CITY - ST - ZIP	<b>DAYTON OH</b>	2.4 CITY - ST - ZIP	<b>DAYTON, OH 45463</b>
TITLE	<b>VD</b>	3.1 TITLE	<b>VP/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLAR, I.W.</b>	3.2 NAME	<b>P. B. Robinson</b>
STREET ADDRESS	<b>COURTHOUSE PLAZA NE</b>	3.3 STREET ADDRESS	<b>Courthouse Plaza, NE</b>
CITY - ST - ZIP	<b>DAYTON OH</b>	3.4 CITY - ST - ZIP	<b>Dayton, OH 45463</b>
TITLE	<b>P</b>	4.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACKIL, JD</b>	4.2 NAME	
STREET ADDRESS	<b>COURTHOUSE PLAZA NE</b>	4.3 STREET ADDRESS	<b>*** VACANT ***</b>
CITY - ST - ZIP	<b>DAYTON OH</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENOJEN, W.A.</b>	5.2 NAME	<b>E. M. KARTER</b>
STREET ADDRESS	<b>COURTHOUSE PLAZA NE</b>	5.3 STREET ADDRESS	<b>COURTHOUSE PLAZA, NE</b>
CITY - ST - ZIP	<b>DAYTON OH</b>	5.4 CITY - ST - ZIP	<b>DAYTON, OH 45463</b>
TITLE	<b>ST</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HITTER, J.I.</b>	6.2 NAME	
STREET ADDRESS	<b>COURTHOUSE PLAZA, N.E.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAYTON OH</b>	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 power 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 a multiple listing is being made with an address.

**SIGNATURE:** \_\_\_\_\_ **Asst. Sec. & Treas.**  
**J. I. Hitter, Asst. Treas.** **04/20/95 (513) 495-3434**