

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 840961 (7)
1. Corporation Name

ROCKY CREEK LOGGING COMPANY, INC.



Principal Place of Business C/O TAX DEPARTMENT 1600 VALLEY ROAD WAYNE NJ 07470-2043	Mailing Address C/O TAX DEPARTMENT 1600 VALLEY ROAD WAYNE NJ 07470-2043	3. Date Incorporated or Qualified 06/27/1978	3a. Date of Last Report 07/05/1995
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 22-1973851	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
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9. Name and Address of Current Registered Agent CORRIGAN, JOHN F. 920 BARNETT BANK BUILDING JACKSONVILLE FL 32202				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 _____
Signature of current registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	11 TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	REED, J M		12 NAME	MARY BETH ELLIOTT			
STREET ADDRESS	915 OLETANGY RD		13 STREET ADDRESS	1600 VALLEY ROAD			
CITY-ST-ZIP	FRANKLIN LKS, NJ 00000		14 CITY-ST-ZIP	WAYNE, NJ 07470			
TITLE	T	<input type="checkbox"/> DELETE	21 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARNEY, D. W.		22 NAME	BARNEY, D W			
STREET ADDRESS	1600 VALLEY RD.		23 STREET ADDRESS	1600 VALLEY RD.			
CITY-ST-ZIP	WAYNE, NJ 0		24 CITY-ST-ZIP	WAYNE, NJ 07470			
TITLE	AT	<input type="checkbox"/> DELETE	31 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHUMATE, E H		32 NAME	SHUMATE, E H			
STREET ADDRESS	8 STILLWOOD CIR SO		33 STREET ADDRESS	1201 W. LATHROP AVENUE			
CITY-ST-ZIP	SAVANNAH, GA 00000		34 CITY-ST-ZIP	SAVANNAH, GA 31401			
TITLE	VP	<input type="checkbox"/> DELETE	41 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TYSON, J.S.		42 NAME	TYSON, J S			
STREET ADDRESS	200 JENSON ROAD		43 STREET ADDRESS	1201 W. LATHROP AVENUE			
CITY-ST-ZIP	PRATTVILLE AL		44 CITY-ST-ZIP	SAVANNAH, GA 31401			
TITLE	P	<input type="checkbox"/> DELETE	51 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FENDIG, JAMES G		52 NAME	FENDIG, JAMES G			
STREET ADDRESS	4 SAVY LN		53 STREET ADDRESS	1201 W. LATHROP AVENUE			
CITY-ST-ZIP	SAVANNAH GA		54 CITY-ST-ZIP	SAVANNAH, GA 31404			
TITLE	VP	<input type="checkbox"/> DELETE	61 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	REED, J M		62 NAME	JAMES R. KOBLEUR			
STREET ADDRESS	1600 VALLEY RD		63 STREET ADDRESS	1201 W. LATHROP AVENUE			
CITY-ST-ZIP	WAYNE NJ		64 CITY-ST-ZIP	SAVANNAH, GA 31401			

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

SIGNATURE: *D.W. Barney* D.W. BARNEY 6/2/96 (201) 628-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Period #

CR2E034 (3/96)