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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

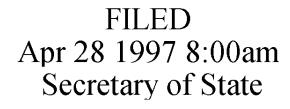
DOCUMENT # F31115

(1)

SOUTHERN LAND AND LUMBER COMPANY

Principal Place of Business

Mailing Address





2100 SE 17TH PO BOX 1450 OGALA FL 32		2100 SE 17TH STREET. 9 PO BOX 1450 OCALA FL 34478-1450	Suite 300			
					 Date Incorporated or Qualified 04/17/1981 	3a. Date of Last Report 04/17/1996
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Suite Act # etc		26			03-0284420	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat 23		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ір 29	29 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Yo	
	g, Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent
	ABERT, BEVERLY A.		1	1 Name		
2297 S.E. LAUREL RUN DRIVE OCALA FL 32671			Ε	82 Street Address (P.O. Box Number is Not Acceptable)		
			E	3		
			E	4 City		FL 85 Zip Code
OTHER OF F	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a	authorized.	by the corpo	corporation submits this statement for the poration's board of directors. I hereby accep	umpoon of phonoing its societare d
SIGNATURE						
	Signature, typed or printed name of registered age		IL: Registered /	gent signature r	equired whon reinstaling)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PIPER, NELSON B JR	☐ DELETE	1.1 TiTU			☐ Change ☐ Addition
NAME Street address	1458 FAIRWAY DR		1.2 NAV			
	DUNEDIN, FL 00000			ET ADDRESS		
CITY-ST-ZIP TITLE	VT	DELETE	2.1 HILL	- S1 - Z(P		Change
NAME	LENOIS, ALLAN F		2.2 NAM			Li ononge Li Addition
STREET ADDRESS	RD #6, BOX 9			- 1	1103 Vernon St.	
CITY-ST-ZIP	BRATTLEBORO VT			'-S1-ZIP	Brattleboro, Vt. 05	5301
TITLE	PO	☐ DELETE	3.1 TITU			X Change Addition
NAME	CERSOSIMO, ANTHONY		3.2 NAM			
STREET ADDRESS	RD #6, BOX 9		3.3 STRE	ET ADDRESS	1103 Vernon St. Brattleboro, Vt. 05	
CITY-ST-ZIP	BRATTLEBORO VT		3.4. C(T)	-S1-ZiP	Brattleboro, Vt. 05	5301
TITLE		☐ DELETE	4.1 THU	Ì		☐ Change ☐ Addition
NAME			4. 2 NAN	"		
STREET ADDRESS			4 3 S1RE	ET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY			
TITLE NAME		☐ DELETE	5.1 TITLE			Change Addition
STREET ADDRESS			5.2 NAM			
CITY-ST-ZIP			ŀ	ET ADDRESS		
TITLE		DELETE	5.4 CITY 6.1 TITLE			Change Addition
NAME			6.2 NAM			En ourside En variation
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP			6.4 City			

14. I do 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 trusted 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 man attachment with an address.