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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F35111** **(6)**

1. Corporation Name
WITHLACOOCHEE LAND AND TIMBER, INC.

Principal Place of Business
P.O. BOX 1776
GAINESVILLE FL 32602

Mailing Address
P.O. BOX 1776
GAINESVILLE FL 32602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/15/1981

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
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4. FEI Number
26-2664716
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HARDEE, CARY A.
215 SE PINCKNEY ST.
MADISON FL 32340.

10. Name and Address of New Registered Agent
81 Name: Cary A. Hardee, II
82 Street Address (P.O. Box Number is Not Acceptable): 215 SE Pinckney Street
83
84 City: Madison FL
85 Zip Code: 32340

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, printed or printed name of authorized agent & title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	SULLIVAN, JAMES T., JR.	
STREET ADDRESS	215 SE PINCKNEY ST.	
CITY-ST-ZIP	MADISON FL	
TITLE	STD	☐ DELETE
NAME	SULLIVAN, ELIZABETH B.	
STREET ADDRESS	215 SE PINCKNEY ST.	
CITY-ST-ZIP	MADISON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	Hunter, William Ward Jr.	
1.3 STREET ADDRESS	Post Office Box 372	
1.4 CITY-ST-ZIP	Jasper , Florida 32052	n/a
2.1 TITLE	STD	☒ Change ☐ Addition
2.2 NAME	Sullivan, Elizabeth B.	
2.3 STREET ADDRESS	Post Office Box 726	
2.4 CITY-ST-ZIP	Madison, Florida 32341	n/a
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		

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***511.00

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.

CR2E034 (10/97)