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Jul 07 1998 8:00am
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	Mailing Address
P.O. BOX 1776 GAINESVILLE FL 32602	P.O. BOX 1776 GAINESVILLE FL 32602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1981

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	SULLIVAN, JAMES T., JR.		1.2 NAME	Hunter, William Ward Jr.	
STREET ADDRESS	215 SE PINCKNEY ST.		1.3 STREET ADDRESS	Post Office Box 372	
CITY-ST-ZIP	MADISON FL		1.4 CITY-ST-ZIP	Jasper , Florida 32052	n/a
TITLE	STD	☐ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	SULLIVAN, ELIZABETH B.		2.2 NAME	Sullivan, Elizabeth B.	
STREET ADDRESS	215 SE PINCKNEY ST.		2.3 STREET ADDRESS	Post Office Box 726	
CITY-ST-ZIP	MADISON FL		2.4 CITY-ST-ZIP	Madison, Florida 32341	n/a
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	200002581962	
STREET ADDRESS			6.3 STREET ADDRESS	-07/07/98--01095--042	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***511.00	

CR2E034 (10/97)

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.