

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000000111 (4)

1. Corporation Name

SOUTHERN PINE PLANTATIONS OF GEORGIA, INC.



Principal Place of Business

Mailing Address

6304 PEAKE RD  
MACON GA 31210  
US

6304 PEACKE RD  
MACON GA 31210  
US

3. Date Incorporated or Qualified

01/07/1994

3a. Date of Last Report

02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

58-2033680

Applied For

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNIFKER, CLAY A  
901 W. BASE ST.  
MADISON FL 32340

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 607.1506, 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 of person or persons, other than agent, must be filed with application)

(Print: Full Legal Name of Signer required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PD                       | <input type="checkbox"/> DELETE            |
| NAME           | GRIFFITH, BENJAMIN W III |  |
| STREET ADDRESS | 6304 PEAKE RD            |  |
| CITY-STATE-ZIP | MACON GA                 |  |
| TITLE          | V                        | <input type="checkbox"/> DELETE            |
| NAME           | PATTON, PAT              |  |
| STREET ADDRESS | 6304 PEAKE RD            |  |
| CITY-STATE-ZIP | MACON GA                 |  |
| TITLE          | S                        | <input type="checkbox"/> DELETE            |
| NAME           | WELLS, JAMES M III       |  |
| STREET ADDRESS | 6304 PEAKE RD            |  |
| CITY-STATE-ZIP | MACON GA                 |  |
| TITLE          | T                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | STRONG, FAYE             |  |
| STREET ADDRESS | 6304 PEAKE RD            |  |
| CITY-STATE-ZIP | MACON GA                 |  |
| TITLE          |                          | <input type="checkbox"/> DELETE            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-STATE-ZIP |                          |  |
| TITLE          |                          | <input type="checkbox"/> DELETE            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-STATE-ZIP |                          |  |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-STATE-ZIP |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-STATE-ZIP |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-STATE-ZIP |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-STATE-ZIP |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-STATE-ZIP |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-STATE-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)(b), 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.

SIGNATURE:

*Sandra B. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

CR2E034 (12/95)