FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:19

DOCUMENT # **F94000000384 (7)**

1. Corporation Name
SOUTHERN PINE PLANTATIONS, INC.

Principal Place of Business	Mailing Address
167 FRANKLIN ST. MACON GA 31201	167 FRANKLIN ST. MACON GA 31201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6304 PEAKE RD	26 6304 PEAKE RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MACON, GA	City & State 28 MACON, GA
Zip 24 31210 Country 25 BIBB	Zip 29 31210 Country 30 BIBB

4. FEI Number: 58-1665161 ☐ 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 intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SCHNITKER, CLAY A
901 WEST BASE ST.
MADISON FL 32340

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature not valid if missing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	☑ Change ☐ Addition
NAME	GRIFFITH, BENJAMIN W III	1.2 NAME	
STREET ADDRESS	167 FRANKLIN ST.	1.3 STREET ADDRESS	6304 PEAKE RD
CITY-ST-ZIP	MACON GA 31201	1.4 CITY-ST-ZIP	MACON, GA 31210
TITLE	VS	2.1 TITLE	☑ Change ☐ Addition
NAME	WELLS, JAMES M III	2.2 NAME	
STREET ADDRESS	167 FRANKLIN ST.	2.3 STREET ADDRESS	6304 PEAKE RD
CITY-ST-ZIP	MACON GA 31201	2.4 CITY-ST-ZIP	MACON, GA 31210
TITLE	T	3.1 TITLE	☑ Change ☐ Addition
NAME	STRONG, FAYE	3.2 NAME	
STREET ADDRESS	167 FRANKLIN ST.	3.3 STREET ADDRESS	6304 PEAKE RD
CITY-ST-ZIP	MACON GA 31201	3.4 CITY-ST-ZIP	MACON, GA 31210
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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.

SIGNATURE: [signature] 2/13/95 (912) 477-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BENJAMIN W. GRIFFITH, III

0400000 FP