

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90293 008 ***900.00

DOCUMENT # F95000005451

1. Corporation Name
RAYONIER PRODUCTS AND FINANCIAL SERVICES COMPANY

Principal Place of Business
**31 SOUTH FOURTH STREET
FERNANDINA BEACH FL 32035-0723**

Mailing Address
**31 SOUTH FOURTH STREET
FERNANDINA BEACH FL 32035-0723**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1995

4. FEI Number

51-0340389

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 the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	GROSS, RONALD M	
STREET ADDRESS	1177 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06905-5529	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POLLACK, GERALD J	
STREET ADDRESS	1177 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06905-5529	
TITLE	T	<input type="checkbox"/> DELETE
NAME	AUGUSTE, MACDONALD	
STREET ADDRESS	1177 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06905-5529	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CANNING, JOHN B	
STREET ADDRESS	1177 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06905-5529	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ERICKSEN, WILLIAM D	
STREET ADDRESS	FOUR NORTH SECOND STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	AVERY, JIMMY B	
STREET ADDRESS	FOUR NORTH SECOND STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

203-348-7000

Daytime Phone #

CR2E034 (11/98)