SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 23 AM 8:37

DOCUMENT # **G15694** **(4)**

1. Corporation Name
DEERFIELD TIMBER INVESTORS, INC.

Principal Place of Business	Mailing Address
111 WEST 50TH STREET NEW YORK NY 10020	111 WEST 50TH STREET NEW YORK NY 10020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/28/1982**
3a. Date of Last Report: **03/01/1994**

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: County — 25:
Zip — 29: County — 30:

4. FEI Number: **13-3356082** ☐ 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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HENDERSON, J. GROVER
726 OWENS ROAD
YULEE FL 32097

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, EARL	12 NAME	
STREET ADDRESS	1000 OSBORNE ST.	13 STREET ADDRESS	
CITY-ST-ZIP	ST. MARYS GA	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	DAVIS, WILLIAM H.	22 NAME	
STREET ADDRESS	100 OSBORNE ST.	23 STREET ADDRESS	
CITY-ST-ZIP	ST. MARYS GA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GILMAN, HOWARD	32 NAME	
STREET ADDRESS	111 WEST 50TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	SORRENTINO, DOMINICK	42 NAME	
STREET ADDRESS	1000 OSBORNE STREET	43 STREET ADDRESS	
CITY-ST-ZIP	ST. MARYS GA	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	FAIELLA, JOHN	52 NAME	
STREET ADDRESS	111 W. 50TH ST.	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY.	54 CITY-ST-ZIP	
TITLE	C	61 TITLE	☐ Change ☐ Addition
NAME	PALLEW, MICHAEL	62 NAME	
STREET ADDRESS	1000 OSBORNE ST	63 STREET ADDRESS	
CITY-ST-ZIP	ST MARYS GA	64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(k), 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: _____ DOMINICK SORRENTINO (912)882-0402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 06.19.95 — Daytime Phone #

0181015 FP