

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 # **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**

3. Date Incorporated or Qualified

12/28/1982

3a. Date of Last Report

06/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

**HENDERSON, J. GROVER
726 OWENS ROAD
YULEE FL 32097**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE

NAME **SMITH, EARL**
STREET ADDRESS **1000 OSBORNE ST.**
CITY- ST- ZIP **ST. MARYS GA**

TITLE **P** ☐ DELETE

NAME **DAVIS, WILLIAM H.**
STREET ADDRESS **100 OSBORNE ST.**
CITY- ST- ZIP **ST. MARYS GA**

TITLE **D** ☐ DELETE

NAME **GILMAN, HOWARD**
STREET ADDRESS **111 WEST 50TH STREET**
CITY- ST- ZIP **NEW YORK NY**

TITLE **AS** ☐ DELETE

NAME **SORRENTINO, DOMINICK**
STREET ADDRESS **1000 OSBORNE STREET**
CITY- ST- ZIP **ST. MARYS GA**

TITLE **T** ☐ DELETE

NAME **FAIELLA, JOHN**
STREET ADDRESS **111 W. 50TH ST.**
CITY- ST- ZIP **NEW YORK, NY.**

TITLE **C** ☐ DELETE

NAME **PALLEW, MICHAEL**
STREET ADDRESS **1000 OSBORNE ST**
CITY- ST- ZIP **ST MARYS GA**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOMINICK SORRENTINO 04.22.96 (912)882-0402

Date

Daytime Phone #

CR2E034 (12/95)