

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  
Aug 26, 1999 8:00 am  
Secretary of State

08-26-1999 90006 001 \*1,650.00

DOCUMENT # G15694

1. Corporation Name

DEERFIELD TIMBER INVESTORS, INC.

Principal Place of Business

1000 OSBORNE STREET  
4TH FLOOR  
ST. MARYS GA 31558  
US

Mailing Address

1556 THIRD AVE.  
SUITE 504  
NEW YORK NY 10128  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1982

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 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.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

HENDERSON, J. GROVER  
3823 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

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 | NAME                 | STREET ADDRESS            | CITY-ST-ZIP         | <input type="checkbox"/> DELETE |
|-------|----------------------|---------------------------|---------------------|---------------------------------|
| V     | SMITH, EARL          | 1000 OSBORNE ST.          | ST. MARYS GA        |                                 |
| P     | NORRIS, TILDEN       | 1000 OSBORNE ST           | ST MARY'S GA        |                                 |
| D     | BERGREEN, BERNARD D  | 111 WEST 50TH STREET      | NEW YORK NY         |                                 |
| AS    | SORRENTINO, DOMINICK | 1000 OSBORNE STREET       | ST. MARYS GA        |                                 |
| VPT   | SIEGEL, JEROME A     | 1556 THIRD AVE, SUITE 504 | NEW YORK, NY. 10128 |                                 |
| C     | PALLEW, MICHAEL      | 1000 OSBORNE ST           | ST MARYS GA         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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: DOMINICK SORRENTINO REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/99

Date

Daytime Phone #

CR2E034 (11/98)