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

APPROVED

DOCUMENT # G18363 (3)

1. Corporate Name
SOUTHERN TIMBERLAND CORPORATION

Principal Office Address
310 JULIA ST
NEW SMYRNA BEACH FL 32170

Mailing Address
P. O. DRAWER 460
NEW SMYRNA BEACH FL 32170
US

Date Stamp Appears In This Space

3. Date Incorporated or Qualified: 01/11/1983
3a. Date of Last Report: 09/01/1994

2. Principal Place of Business
21
Suite Apt. #
22
City & State
23
24 32168 25 29 30

2a. Mailing Address
26
Suite Apt. #
27
City & State
28

4. FEI Number: NOT APPLICATION — 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. Is corporation has authority to manipulate its stock? Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
POWELL, C.R.
310 JULIA ST.
NEW SMYRNA BEACH FL 32168

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 Section 607.0505, Florida Statutes, the above named corporation submits the 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. Hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
P
POWELL, C.R.
310 JULIA STREET
NEW SMYRNA BCH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate and does not qualify for the exemption stated in Section 119.07, Florida Statutes. Further, I certify that the information indicated on the 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 of this report or on an attached sheet with an address.

SIGNATURE: C.R. Powell 4-27-95 904 423 1222
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0012968 CP