

DOCUMENT # G18363			
1. Entity Name			
SOUTHERN TIMBERLAND CORPORATION			
Principal Place of Business		Mailing Address	
441A SKYWAY DR UNIT #1 EDGEWATER FL 32132 US		P. O. DRAWER 460 NEW SMYRNA BEACH FL 32170-0460 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
POWELL, C.R. 441A UNIT 1 SKYWAY DR EDGEWATER FL 32132			Name
			Street Address (If different from above)
			City
			State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for change of address.)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POWELL, C.R. 441A UNIT 1 SKYWAY DR EDGEWATER FL <input type="checkbox"/> Delete		12.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Internal Revenue Code, and that the information is true and accurate and that my signature shall have the effect of a declaration of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ C. R. POWELL 4-13 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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SIGNATURE: