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 AND FILED

95 MAR 16 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H34863 (1)

1. Corporation Name

GREAT SOUTH TIMBER, INC.

Principal Place of Business	Mailing Address
925 EAST BAYA AVENUE P O BOX 2249 LAKE CITY FL 30256	925 EAST BAYA AVENUE P O BOX 2249 LAKE CITY FL 30256

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/14/1984
3a. Date of Last Report: 03/03/1994

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 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2473255 ☐ 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

THOMPSON, WILLIAM L., JR.
1200 GULF LIFE DRIVE
SUITE 800
JACKSONVILLE FL 32207

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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	COOK, WILLIAM K.	1.2 NAME	
STREET ADDRESS	P. O. BOX 87 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Remove This ☒ Change ☐ Addition
NAME	ANDERSON, JOHN E.	2.2 NAME	Name and Address
STREET ADDRESS	10146 OAKISLE RD., WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	☐ Change ☐ Addition
NAME	BRYANT, PAUL R.	3.2 NAME	
STREET ADDRESS	P O BOX 954 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, JAMES M.	4.2 NAME	
STREET ADDRESS	P.O. BOX 87 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	CHESSER, JOE L.	5.2 NAME	
STREET ADDRESS	RT 2, BOX 458	5.3 STREET ADDRESS	
CITY-ST-ZIP	FOLKSTON GA	5.4 CITY-ST-ZIP	
TITLE	DEVP	6.1 TITLE	☐ Change ☐ Addition
NAME	STERN, ROLAND T.	6.2 NAME	
STREET ADDRESS	RT 5, BOX 7364	6.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL	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)(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.

SIGNATURE: Roland T Stern Roland T Stern 3-8-95 904-755-3046
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0401980 FP