

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H34863** (1)
1. Corporation Name
GREAT SOUTH TIMBER, INC.



Principal Place of Business 925 EAST BAY AVENUE P O BOX 2249 LAKE CITY FL 32056	Mailing Address 925 EAST BAY AVENUE P O BOX 2249 LAKE CITY FL 32056-2249
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/14/1984	3a. Date of Last Report 03/20/1996
		4. FEI Number 59-2473255	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Norris, John E. 82 Street Address (P.O. Box Number is Not Acceptable) 201 N. Marion St. 83 Suite 301 84 City Lake City FL 85 Zip Code 32055
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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 *John E. Norris* **John E. Norris** **1-29-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when restoring) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE NAME COOK, WILLIAM K. STREET ADDRESS P. O. BOX 87 N/A CITY-ST-ZIP CALLAHAN FL	1.1 TITLE DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME DST BRYANT, PAUL R. STREET ADDRESS P O BOX 954 N/A CITY-ST-ZIP TRENTON FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME D COLEMAN, JAMES M. STREET ADDRESS P.O. BOX 87 N/A CITY-ST-ZIP CALLAHAN FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME DV CHESSER, JOE L. STREET ADDRESS RT 2, BOX 458 CITY-ST-ZIP FOLKSTON GA	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME DEVP STERN, ROLAND T. STREET ADDRESS RT 5, BOX 7384 CITY-ST-ZIP STARKE FL	5.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
	400002081744 -02/07/97--01048--044 ***165.00
	DEVP Robert P. Cook 3321 St. Johns Ave. Jacksonville, FL 32205

14. I do 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.

SIGNATURE: *Roland T. Stern* **Roland T. Stern** **1/27/97** **904/755-3046**

CR2E034 (9/96)