

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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1984

4. FEI Number

59-2473255

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

28

30

9. Name and Address of Current Registered Agent

NORRIS, JOHN E
201 N. MARION ST.
SUITE 301
LAKE CITY FL 32055

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	DC	<input type="checkbox"/> DELETE
NAME	COOK, WILLIAM K.	
STREET ADDRESS	P. O. BOX 87 N/A	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BRYANT, PAUL R.	
STREET ADDRESS	P O BOX 954 N/A	
CITY-ST-ZIP	TRENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLEMAN, JAMES M.	
STREET ADDRESS	P.O. BOX 87 N/A	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CHESSER, JOE L.	
STREET ADDRESS	RT 2, BOX 458	
CITY-ST-ZIP	FOLKSTON GA	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CHESSER, JOE L.	
STREET ADDRESS	RT 2, BOX 458	
CITY-ST-ZIP	FOLKSTON GA	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	COOK, ROBERT P	
STREET ADDRESS	3321 ST. JOHNS AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STERN, Roland T.	
1.3 STREET ADDRESS	RT 5, Box 7364	
1.4 CITY-ST-ZIP	STARKE, FL 32091	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE *Robert P Cook* *1-21-98* *204*

CR2E034 (10/97)