

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90008 001 \*\*\*158.75

DOCUMENT # H34863

1. Corporation Name

GREAT SOUTH TIMBER, INC.

Principal Place of Business

925 EAST BAYA AVENUE  
P O BOX 2249  
LAKE CITY FL 30256

Mailing Address

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

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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 ☐ DELETE  
NAME COOK, WILLIAM K.  
STREET ADDRESS P. O. BOX 87 N/A  
CITY-ST-ZIP CALLAHAN FL

TITLE DST ☐ DELETE  
NAME BRYANT, PAUL R.  
STREET ADDRESS P O BOX 954 N/A  
CITY-ST-ZIP TRENTON FL

TITLE D ☐ DELETE  
NAME COLEMAN, JAMES M.  
STREET ADDRESS P.O. BOX 87 N/A  
CITY-ST-ZIP CALLAHAN FL

TITLE DV ☒ DELETE  
NAME CHESSER, JOE L.  
STREET ADDRESS RT 2, BOX 458  
CITY-ST-ZIP FOLKSTON GA

TITLE DP ☐ DELETE  
NAME STERN, ROLAND T  
STREET ADDRESS RT D BOX 7364  
CITY-ST-ZIP STARKE FL 32091

TITLE DVP ☐ 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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS 51 S. Margaret St.  
6.4 CITY-ST-ZIP Lake City, FL 32025

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, with all other like empowered.

SIGNATURE: Roland T Stern SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
3-23-99 9047553046  
Date Daytime Phone #

CR2E034 (1/98)