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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:03

DOCUMENT # **H82653** **(7)**

1. Corporation Name
ST. JOE FOREST PRODUCTS COMPANY

Principal Place of Business	Mailing Address
1650 PRUDENTIAL DRIVE STE 400 JACKSONVILLE FL 32207 US	P O BOX 1380 JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/25/1985	04/05/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 32201 / 30

4. FEI Number: 59-2596211 ☐ 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	10. Name and Address of New Registered Agent
ANDERSON, R.A. 1650 PRUDENTIAL DRIVE JACKSONVILLE FL 32207	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	NEDLEY, R E	1.2 NAME	
STREET ADDRESS	RAILROAD BLDG	1.3 STREET ADDRESS	Railroad Building 1st Street
CITY-ST-ZIP	PORT ST JOE FL	1.4 CITY-ST-ZIP	32456
TITLE	T	2.1 TITLE	☒ Change ☐ Addition
NAME	PETTY, C. M.	2.2 NAME	
STREET ADDRESS	1650 PRUDENTIAL DR	2.3 STREET ADDRESS	1650 Prudential Dr., #400
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	32207
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	FORD, E.T.	3.2 NAME	
STREET ADDRESS	100 ST. JOESPH DR	3.3 STREET ADDRESS	Railroad Building 1st Street
CITY-ST-ZIP	PORT ST JOE FL	3.4 CITY-ST-ZIP	32456
TITLE	DC	4.1 TITLE	☒ Change ☐ Addition
NAME	THORNTON, W L	4.2 NAME	
STREET ADDRESS	1650 PRUDENTIAL DR	4.3 STREET ADDRESS	1650 Prudential Dr., #400
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	32207
TITLE	S	5.1 TITLE	☒ Change ☐ Addition
NAME	ANDERSON, R. A.	5.2 NAME	
STREET ADDRESS	1650 PRUDENTIAL DRIVE	5.3 STREET ADDRESS	1650 Prudential Dr., #400
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	32456
TITLE	VD	6.1 TITLE	☒ Change ☐ Addition
NAME	BROWNIE, C. M.	6.2 NAME	Brownlie, E. C.
STREET ADDRESS	1650 PRUDENTIAL DR	6.3 STREET ADDRESS	1650 Prudential Dr., #400
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	32207

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: _____ R. A. Anderson 1-12-95 (904) 396-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022800 CP