

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

FILED

**May 27 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 # J19305 (8)
1. Corporation Name
GILMAN TIMBERLAND AND LAND DEVELOPMENT COMPANY

Principal Place of Business: **1000 OSBORNE STREET ST. MARKS GA 31558**
Mailing Address: **1000 OSBORNE STREET ST. MARKS GA 31558**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-25)
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: **06/12/1986**
4. FEI Number: **59-2687758**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC GILMAN, HOWARD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	111 W 50TH ST NEW YORK NY	12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	V DAVIS, WILLIAM	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 OSBORNE ST ST. MARYS GA	22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	T FAIELLA, JOHN	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	111 W. 50TH ST NEW YORK NY	32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	S MOODY, NATALIE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	111 W. 50TH ST NEW YORK NY	42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	AS SORRENTINO, DOMINICK	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 OSBORNE ST. ST. MARYS GA	52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: *Dominick Sorrentino* DOMINICK SORRENTINO 06.12.98 6127882-4211

CR2E034 (10/97)