# 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

APPROVED AND FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J42336 (4)

1. Corporation Name
FLORIDA KENTUCKY TIMBERLANDS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 200 WEST VINE STREET<br>SUITE 8K<br>LEXINGTON KY 40507 | 200 WEST VINE STREET<br>SUITE 8K<br>LEXINGTON KY 40507 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1986
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 61-1108915 ☐ Applied For ☐ Not Applicable

22 — 27
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

23 — 28
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip 24 / Country 25 / Zip 29 / Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

JONES, FRANK L.
118-1/2 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

**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 _____ 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 | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | CLAY, CATESBY | 12 NAME | |
| STREET ADDRESS | 200 WEST VINE STREET | 13 STREET ADDRESS | |
| CITY-ST-ZIP | LEXINGTON KY | 14 CITY-ST-ZIP | |
| TITLE | PD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | KENAN, JAMES | 22 NAME | |
| STREET ADDRESS | 200 WEST VINE STREET | 23 STREET ADDRESS | |
| CITY-ST-ZIP | LEXINGTON KY | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | LANGHORNE, CHISWELL D JR | 32 NAME | |
| STREET ADDRESS | 200 WEST VINE STREET | 33 STREET ADDRESS | |
| CITY-ST-ZIP | LEXINGTON KY | 34 CITY-ST-ZIP | |
| TITLE | T | 41 TITLE | ☐ Change ☐ Addition |
| NAME | PARKER, FRED N | 42 NAME | |
| STREET ADDRESS | 200 W VINE ST | 43 STREET ADDRESS | |
| CITY-ST-ZIP | LEXINGTON KY | 44 CITY-ST-ZIP | |
| TITLE | AT | 51 TITLE | ☐ Change ☐ Addition |
| NAME | CROUCH, CARROLL R | 52 NAME | |
| STREET ADDRESS | 200 W VINE ST | 53 STREET ADDRESS | |
| CITY-ST-ZIP | LEXINGTON KY | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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)(k), 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: Carroll R Crouch CARROLL R. CROUCH 5/11/95 606-254-8498
SIGNATURE AND TYPED OR PRINTED NAME OF BANKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476170 FP