

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

FILED  
Mar 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J42336 (4)

1. Corporation Name  
FLORIDA KENTUCKY TIMBERLANDS, INC.

Principal Place of Business

200 WEST VINE STREET  
SUITE 8K  
LEXINGTON KY 40507

Mailing Address

200 WEST VINE STREET  
SUITE 8K  
LEXINGTON KY 40507-1620



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

11/17/1986

3a. Date of Last Report

04/04/1996

4. FEI Number

61-1108915

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

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 of person making this statement (if not the registered agent, state title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLAY, CATESBY	
STREET ADDRESS	200 WEST VINE STREET	
CITY- ST- ZIP	LEXINGTON KY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENAN, JAMES	
STREET ADDRESS	200 WEST VINE STREET	
CITY- ST- ZIP	LEXINGTON KY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANGHORNE, CHISWELL D JR	
STREET ADDRESS	200 WEST VINE STREET	
CITY- ST- ZIP	LEXINGTON KY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PARKER, FRED N	
STREET ADDRESS	200 W VINE ST	
CITY- ST- ZIP	LEXINGTON KY	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	CROUCH, CARROLL R	
STREET ADDRESS	200 W VINE ST	
CITY- ST- ZIP	LEXINGTON KY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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 do 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 included 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, Atty. Gen.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97

606-254-8498

Date

Daytime Phone #

CR2E034 (9/96)