

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90218 002 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # J80789

1. Corporation Name
BEAR BRANCH TIMBERLANDS COMPANY



| | |
|--|--|
| Principal Place of Business | Mailing Address |
| C/O SMITH, HULSEY & BUSEY 225 WATER ST JACKSONVILLE FL 32202 | C/O SMITH, HULSEY & BUSEY 225 WATER ST JACKSONVILLE FL 32202 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/02/1987

| | |
|---|--|
| 4. FEI Number 59-2832416 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|---|
| 2. Principal Place of Business 21 Blackburn & Company, L.C. | 2a. Mailing Address 26 Blackburn & Company, L.C. |
| Suite, Apt. #, etc. Suite 200 22 6620 Southpoint Dr., So. | Suite, Apt. #, etc. Suite 200 27 6620 Southpoint Dr., So. |
| City & State 23 Jacksonville, FL 32216 | City & State 28 Jacksonville, FL 32216 |
| Zip Country 24 <input type="checkbox"/> <input type="checkbox"/> | Zip Country 29 <input type="checkbox"/> <input type="checkbox"/> |

9. Name and Address of Current Registered Agent
BLACKBURN & COMPANY, L.C.
SMITH, HULSEY & BUSEY
6620 SOUTHPOINT DR. SO.
225 WATER STREET SUITE 200
JACKSONVILLE FL 32202 JACKSONVILLE, FLA. 32216

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name Blackburn & Company, L.C. |
| 82 Street Address (P.O. Box Number is Not Acceptable) 6620 Southpoint Dr., So. |
| 83 Suite 200 |
| 84 City Jacksonville |
| 85 Zip Code FL 32216 |

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *William G. Wright* **DENNIS L. BLACKBURN MANAGING MEMBER** DATE **4/7/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | WRIGHT, WILLIAM G. | |
| STREET ADDRESS | 2591 ARNOLD ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | WRIGHT, REBECCA | |
| STREET ADDRESS | 2591 ARNOLD ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 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: *William G. Wright* **President** DATE **4.12.99** DAYTIME PHONE # **904-879-3702**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)