

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L38604

1. Entity Name
TIMUCUAN ASSET MANAGEMENT, INC.



Principal Place of Business
200 W FORSYTH STREET, #1600
SUITE 140
JACKSONVILLE, FL 32202

Mailing Address
200 W FORSYTH STREET, #1600
JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2985285

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWTON, III R
200 W FORSYTH STREET, #1600
JACKSONVILLE, FL 32202

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME NEWTON, RUSSELL B., III
STREET ADDRESS 200 W FORSYTH STREET, #1600
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VS
NAME MANN, RANDALL
STREET ADDRESS 200 W FORSYTH STREET, #1600
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VT
NAME VAUGHAN, DREAMA DAWN
STREET ADDRESS 200 W FORSYTH STREET, #1600
CITY-ST-ZIP JACKSONVILLE, FL

TITLE AS
NAME SCHMACHTENBERGER, CHRIS
STREET ADDRESS 200 W FORSYTH STREET, #1600
CITY-ST-ZIP JACKSONVILLE, FL

TITLE AS
NAME MCCLURE-SANDS, DARLA
STREET ADDRESS 200 W FORSYTH STREET, #1600
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VP
NAME JOEL, ROBERT W
STREET ADDRESS 200 W FORSYTH STREET #1600
CITY-ST-ZIP JACKSONVILLE, FL

U00000324941
04/22/05-80110-021 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Newton B. Russell III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 (904) 356-1739
Date Daytime Phone #