

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 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



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
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 signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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 STREE, #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

U000000684901  
04/06/07-80051-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Murray B. Newton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07

Date

904-356-1739

Daytime Phone #