

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90023 015 ***150.00

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**

40062562



03112008 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, 2008 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

**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:

Russell B. Newton III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/08

Date

904-356-1739

Daytime Phone #