

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

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**Feb 27 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 # L66208 (4)**  
1. Corporation Name: **SUWANNEE TIMBER HOLDINGS, INC.**



Principal Place of Business: **HIGHWAY 349 NORTH  
1 MILE NORTH OF OLD TOWN  
OLD TOWN FL 32680  
US**  
Mailing Address: **P.O. DRAWER 2349  
LAKE CITY FL 32056-2349  
US**

3. Date Incorporated or Qualified: **04/16/1990** 3a. Date of Last Report: **02/26/1996**  
4. FEI Number: **59-3141266** 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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21: Suite, Apt. #, etc.  
22: City & State  
23: Zip, Country  
24: Country

9. Name and Address of Current Registered Agent  
**NORRIS, JOHN E.  
COMMUNITY NATIONAL BANK BLDG  
201 N. MARION STREET, STE 301  
LAKE CITY FL 32055**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
1. TITLE:  DELETE  
NAME: **PD ANDERSON, DOUG**  
STREET ADDRESS: **HIGHWAY 349 NORTH**  
CITY-ST-ZIP: **OLD TOWN FL**  
2. TITLE:  DELETE  
NAME: **STD ANDERSON, JOE H. III**  
STREET ADDRESS: **HIGHWAY 349 NORTH**  
CITY-ST-ZIP: **OLD TOWN FL**  
3. TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_  
4. TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_  
5. TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE:  Change  Addition  
1.2 NAME: \_\_\_\_\_  
1.3 STREET ADDRESS: \_\_\_\_\_  
1.4 CITY-ST-ZIP: \_\_\_\_\_  
2.1 TITLE:  Change  Addition  
2.2 NAME: \_\_\_\_\_  
2.3 STREET ADDRESS: \_\_\_\_\_  
2.4 CITY-ST-ZIP: \_\_\_\_\_  
3.1 TITLE:  Change  Addition  
3.2 NAME: \_\_\_\_\_  
3.3 STREET ADDRESS: \_\_\_\_\_  
3.4 CITY-ST-ZIP: \_\_\_\_\_  
4.1 TITLE:  Change  Addition  
4.2 NAME: \_\_\_\_\_  
4.3 STREET ADDRESS: \_\_\_\_\_  
4.4 CITY-ST-ZIP: \_\_\_\_\_  
5.1 TITLE:  Change  Addition  
5.2 NAME: \_\_\_\_\_  
5.3 STREET ADDRESS: \_\_\_\_\_  
5.4 CITY-ST-ZIP: \_\_\_\_\_  
6.1 TITLE:  Change  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 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.

SIGNATURE: Doug Anderson 2/3/97 352-542-7942  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)