05/13/2004 11:16 2293367109 CAMILLA CHE

FILED
May 18, 2004 8:00 am
Secretary of State
05-18-2004 90003 019 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M75011

1. Entity Name
SOUTH GEORGIA LAND DEVELOPMENT CORPORATION

Principal Place of Business
683 A. SHERROD RD
COOLIDGE, GA 31738

Mailing Address
~~683 A. SHERROD RD~~ P.O. Box 489
COOLIDGE, GA 31738

54054632

05132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2936020
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARFEL, TIM
215 SOUTH MONROE STREET
SUITE 701
TALLAHASSEE, FL 32302

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

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PARRAMORE, WAYNE E
STREET ADDRESS	683 A. SHERROD RD
CITY-ST-ZIP	COOLIDGE, GA 31738
TITLE	VP
NAME	PARRAMORE, ROBERT W
STREET ADDRESS	683 A. SHERROD RD
CITY-ST-ZIP	COOLIDGE, GA 31738
TITLE	S
NAME	PARRAMORE, WANDA J
STREET ADDRESS	683 A SHERRAD RD
CITY-ST-ZIP	COOLIDGE, GA 31738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

Wanda J. Parramore, Sec.

SIGNATURE: Wanda J. Parramore Sec 5-14-04 229-229-8842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #