2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

FILED DOCUMENT # P02000123083 Jan 31, 2007 08:00 AM Secretary of State 1. Entity Name GULF TIMBER AND LAND COMPANY, INC. Principal Place of Business Mailing Address 13400 HIGHWAY 77 13400 HIGHWAY 77 LAKE MERIAL FL 32409 LAKE MERIAL FL 32409 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Numbor Applied For 83-0342447 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo WILLIAMS, JACK G Street Address (P.O. Box Number is Not Acceptable) **502 HARMON AVENUE** PANAMA CITY FL 32401 Zip Code 8. The above named onlity 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HHLE. TIFLE Change Addition ☐ Delete MAULDEN, JAMES W NAME NAME 000000612985 02/05/07-80020-012 150.00 2704 MAULDEN ROAD STREET ADDRESS STREET ADDRESS SOUTHPORT FL 32409 CJJY - SJ - ZIP CITY-SI-7/2 **VPSD** TITLE ☐ Delete THILE ☐ Change ■ Addition FLEMING, GEORGE R NAME NAME 13400 HIGHWAY 77 STREET ADDRESS STREET ADDRESS LAKE MERIAL FL 32409 CUTY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete IIILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-7IP TITLE Delete HILL ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP TITLE Delete Change Addition TITLE NAME STREET ADORESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP THE ☐ Delete Change Addition NAME NAME STREET ADDRESS SIRLET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos, 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 Statutos; 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.

Dete

Daytime Phone #

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR