FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 4: 14

DOCUMENT # P07874 (1)

1. Corporation Name
HONEY HILL PLANTATION, INC.

Principal Place of Business
124 SOUTH HARNEY STREET
P.O. BOX 353
CAMILLA GA 31730

Mailing Address
124 SOUTH HARNEY STREET
P.O. BOX 353
CAMILLA GA 31730

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Route 2, Box 62
Suite, Apt. #, etc.
22
City & State
23 Cochran GA
Zip
24 31014
Country
25 Bleckley

2a. Mailing Address
26 Route 2, Box 62
Suite, Apt. #, etc.
27
City & State
28 Cochran GA
Zip
29 31014
Country
30 Bleckley

3. Date Incorporated or Qualified: 10/25/1985
3a. Date of Last Report: 03/29/1994
4. FEI Number: 58-1592566 — 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 [X] No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIVERS, NANCY M.
STREET ADDRESS	124 SO. HARNEY ST.
CITY ST ZIP	CAMILLA GA
TITLE	SD
NAME	CAWOOD, MARGARET PARKER
STREET ADDRESS	142 VALLEY BREEZE TRAIL
CITY ST ZIP	RUSSVILLE GA
TITLE	VD
NAME	PARKER, NANCY RIVERS
STREET ADDRESS	ROUTE 2, BOX 62
CITY ST ZIP	COCHRAN GA
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE	PD	[X] Change [ ] Addition
1 NAME	Parker, Nancy R.	
1 STREET ADDRESS	Route 2, Box 62	
1 CITY ST ZIP	Cochran, GA 31014	
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY ST ZIP		
3 TITLE	VD	[X] Change [ ] Addition
3 NAME	Charles P. Parker	
3 STREET ADDRESS	Route 2, Box 62	
3 CITY ST ZIP	Cochran, GA 31014	
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY ST ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY ST ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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: Nancy R. Parker — 2-17-95 — 912-934-2742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nancy R. Parker

04700030 FP