

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

FILED
May 02 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 # P14414 (7)
 1. Corporation Name
THE FULTON LAND AND TIMBER COMPANY



Principal Place of Business U.S. ROUTE 522 SOUTH P.O. BOX 187 BERKELEY SPRINGS WV 25411	Mailing Address U.S. ROUTE 522 SOUTH P.O. BOX 187 BERKELEY SPRINGS WV 25411-0187
--	---

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

3. Date Incorporated or Qualified 05/12/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 23-1622540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODELL, RICHARD E.	1.2 NAME	
STREET ADDRESS	ROUTE 5 BOX 250	1.3 STREET ADDRESS	
CITY-ST-ZIP	HEDGESVILLE WV	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULIZIO, JOHN A.	2.2 NAME	
STREET ADDRESS	19219 OLDE WATERFORD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAGERSTOWN MD	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITON, JOHN E	3.2 NAME	
STREET ADDRESS	13003 LANCE CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAGERSTOWN MD	3.4 CITY-ST-ZIP	
TITLE	ASAT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, MICHAEL L	4.2 NAME	
STREET ADDRESS	177 GREENFIELD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINCHESTER VA	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCKRATH, GARY E	5.2 NAME	
STREET ADDRESS	11481 EASTWOOD CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAGERSTOWN MD	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Secretary + Director

V. President + Director

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: _____ **4/25/97 304-258-8216**

CR2E034 (9/96)