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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P18551** **(2)**

1. Corporation Name

GILMAN-MADISON TIMBER & LEASING COMPANY

Principal Place of Business	Mailing Address
1000 OSBORNE STREET ST. MARYS GA 31558-3608	1000 OSBORNE STREET ST. MARYS GA 31558-3608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/24/1988**
3a. Date of Last Report: **03/02/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **13-3450393** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: Country — 25:
Zip — 29: Country — 30:
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ 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	☐ Change ☐ Addition
NAME	DAVIS, WILLIAM H.	1.2 NAME	
STREET ADDRESS	1000 OSBORNE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. MARYS GA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	PALLEN, MICHAEL	2.2 NAME	
STREET ADDRESS	1000 OSBORNE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. MARYS GA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	MOODY, NATALIE P.	3.2 NAME	
STREET ADDRESS	111 WEST 50TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	FAIELLA, JOHN R.	4.2 NAME	
STREET ADDRESS	111 WEST 50TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BERGREEN, BERNARD D.	5.2 NAME	
STREET ADDRESS	111 WEST 50TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	SORRENTINO, DOMINICK	6.2 NAME	
STREET ADDRESS	1000 OSBORNE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. MARYS GA	6.4 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(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: Dominick Sorrentino DOMINICK SORRENTINO 04.24.95 (912) 882-0402
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0478830 FP