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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 JAN 20 PM 4:13

DOCUMENT # P21895 (8)

1. Corporation Name
STUCKEY TIMBERLAND, INC.

Principal Place of Business	Mailing Address
101 INDUSTRIAL PARK BLVD P.O. BOX 577 EASTMAN GA 31023-0577	101 INDUSTRIAL PARK BLVD P.O. BOX 577 EASTMAN GA 31023-0577

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/29/1988
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business	2a. Mailing Address
21 220 Third Avenue, NE	26 P.O. Box 577
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Eastman, GA	City & State 28 Eastman, GA
Zip 24 31023 / Country 25 Dodge	Zip 29 31023 / Country 30 Dodge

4. FEI Number: 58-0700962 ☐ 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 ☐ 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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	STONE, MILES A.	12 NAME	
STREET ADDRESS	DUBLIN HWY	13 STREET ADDRESS	
CITY-ST-ZIP	EASTMAN GA	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BRANCH, REID	22 NAME	
STREET ADDRESS	RT 1 BOX 1515	23 STREET ADDRESS	
CITY-ST-ZIP	ROCHELLE GA	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	TONYA M MINTER	32 NAME	
STREET ADDRESS	105 MINTER DR	33 STREET ADDRESS	
CITY-ST-ZIP	EASTMAN GA	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FRANKLIN, LYNDA S.	42 NAME	
STREET ADDRESS	1002 HAWKINSVILLE HWY	43 STREET ADDRESS	
CITY-ST-ZIP	EASTMAN GA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DAVIS, EDWARD R.	52 NAME	
STREET ADDRESS	726 WILLOW CREEK DR.	53 STREET ADDRESS	
CITY-ST-ZIP	MACON GA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	STUCKEY, W.S.	62 NAME	
STREET ADDRESS	5017 LOUGHBORO RD.	63 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	64 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 the 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: Tonya M. Minter Tonya M. Minter Sec/Treas 1/17/95 (912) 374-4776
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR DATE

0400055 FP