

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P21895 (8)

1. Corporation Name

STUCKEY TIMBERLAND, INC.



Principal Place of Business

Mailing Address

220 3 AV NE
P.O. BOX 577
EASTMAN GA 31023-0577
US

PO BX 577
P.O. BOX 577
EASTMAN GA 31023-0577
US

3. Date Incorporated or Qualified

11/29/1988

3a. Date of Last Report

01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 925 HAWKINSVILLE HIGHWAY
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 EASTMAN, GEORGIA

28 City & State

Zip Country

Zip Country

24 31023 25 DODGE

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature typed on one last name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PD			<input type="checkbox"/>
	STONE, MILES A.			
	DUBLIN HWY			
	EASTMAN GA			
	V			<input checked="" type="checkbox"/>
	BRANCH, REID			
	RT 1 BOX 1515			
	ROCHELLE GA			
	ST			<input type="checkbox"/>
	TONYA M MINTER			
	105 MINTER DR			
	EASTMAN GA			
	D			<input type="checkbox"/>
	FRANKLIN, LYNDIA S.			
	1002 HAWKINSVILLE HWY			
	EASTMAN GA			
	D			<input type="checkbox"/>
	DAVIS, EDWARD R.			
	726 WILLOW CREEK DR.			
	MACON GA			
	D			<input type="checkbox"/>
	STUCKEY, W.S.			
	5017 LOUGHBORO RD.			
	WASHINGTON DC			

1 1 TITLE	Change	Addition
12 NAME	<input type="checkbox"/>	<input type="checkbox"/>
13 STREET ADDRESS		
14 CITY - ST - ZIP		
2 1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
3 1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
4 1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
5 1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
6 1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
62 NAME		
63 STREET ADDRESS		
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)(k), 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:

Tonya M. Minter
Secretary

Tonya M. Minter
Secretary / Treasurer

3/5/96

(40) 374-4776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)