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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P28687

(2)

PAN HANDLE TIMBER FARMS, INC.

FILED Jan 24 1997 8:00am Secretary of State

Principal Place of Business 2894 VINEVILLE AVE. PO BOX 2789 MACON GA 31203-2789		Mailing Address 2894 VINEVILLE AVE.			I TERNINON IND FLADA I DENA BUNDA HANTA NOTA STETLI GUIDIA DIANY BUDIT STETLE DUDIT 1881		
		PO BOX 2799 MACON GA 31203-2799					
		***************************************			3. Date Incorporated or Qualified 03/23/1990	3a. Date of L 01/23/19	•
2. Principal I 21	Place of Business	2a. Mailing Address			4. FEI Number 58-1868873	-	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt #, etc			5. Certificate of Status Desired		.75 Additional
City & Sta	ite	City & State			6. Election Campaign Financing		5.00 May Be
23		28			Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Count	У	8. This corporation has liability for in		øers. 199.032,
24	25 9. Name and Address of Curr	29 ent Registered Agent	30		Fiorida Statutes 10. Name and Address of New Reg	Yes No	
MC	CLELLAND, H. HENTZ		8	Name			
119	RIVER STREET		82	Street Add	dress (P.O. Box Number is Not Acceptable	e)	
BLC	DUNTSTOWN FL 32424		8:				
			0.	'			
i			84	City		FL 85	Zip Code
11. Purs and	to the provisions of Sections 607.05	02 and 607 1508 Floods State	utas tha abou	in named co	rporation submits this statement for the pr	1	sing its registered
agent 1: SIGNATURE	am familiar with, and accept the obli-				uireo when reinslating)	DATE	
12.		ND DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFIC		CTÓRS IN 12
111:	PD	☐ DELETE	1.1 TO LE			☐ Ch	ange
NAME:	DAVIS, JOHN M.		1.2 NAME				
STREET ADDRESS	2894 VINEVILLE AVE. MACON GA			T ADDRESS			
C 17+SY ZIP	STD	DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP		☐ Ch	ange Addition
NAME	DUMAS, J. SIDNEY		2.7 HILE 2.2 NAME				ange [] Audition
STREET ADDRESS	2894 VINEVILLE AVE.			T ADDRESS			
CCLY - ST - ZIP	MACON GA		2. 4 CITY		No. of the Control of		
TiT(!	AS	DELETE	3.1 TITLE			☐ Ch	ange
MAVE	DAVIS, DOTTIE		3.2 NAME				
STREET ADDRESS	2894 VINEVILLE AVE MACON GA			T ADDRESS			
City - ST - ZiP TiTu(MACON GA	DELETE	3.4. CHY 4.1 TITLE	-ST-ZIP	1.00	C C	ange Addition
NAME		E occit	4.7 MILE			L. 01	ange Lij Addition
STREET ADDRESS				T ADDRESS			
City St Zip	I		4.4 CITY	ST-ZIP			
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NAME:			52 NAME				
STREET ADDRESS				T ADDRESS			
0°Y+\$T+7/P		nciere	5.4 CITY-	ST-ZIP			ones de la dese
hist mar		DELETE	61 TITLE			L Ch	ange
NAME STORET ANNAUSS	! 		62 NAME	1			
STREET ADDRESS				T ADDRESS			
0017-SI-7P	the cert fe that the internation would	ad with this films riose not our	64 CITY-		ed in Section 119.07(3)(i). Florida Statutes	I further portifi	, that the

14. I do hereby cert by 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:

Patter Davis last Sec

1-16-97 912-746-9699

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