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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000

1. Corporation Name
PUTNAM TIMBER COMPANY, INC. P95000056281 (5)

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Principal Place of Business Malling Address					THE STATE OF THE PRICE BOOK OF THE PRICE OF	i etten nitte eikät fätät list inst
C/O CALVIN E. HAYDEN C/O CALVIN E. HAYDEN						
200 W FORSYTH STREET SUITE 1330 200 W FORSYTH STREET S JACKSONVILLE FL 32202 JACKSONVILLE FL 32202				!	DO NOT WRITE IN THE	IS SPACE
			-		3. Date Incorporated or Qualified	
					07/17/1995	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-3350145	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 28		28			Trust Fund Contribution	Added to Fees
Zip			Country		8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren	t Registered Agent	81		10. Name and Address of New Register	ed Agent
HAYDEN, CALVIN E				Name		
200 W FORSYTH STREET			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
SUITE 1330 JACKSONVILLE FL 32202			83			
370	CASONVILLE FL 32202		~			
i			84	City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name office or registered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.						
office or r	registered agent, or both, in the State	of Florida, Such change was a	authorized by	the corporation	on's board of directors. I hereby accept the	appointment as registered
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,		onida otatatoa	•		
OGNATORIE	Signature, typed or printed name of registered ager		E: Registered Age	nt signature required	d when reinstating) DAT	E
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE			1.1 TITLE			☐ Change ☐ Addition
NAME	COO IV CODOUTH OF OURTE 4000		1.2 NAME		ŧ	
STREET ADDRESS	IACKOONING LE EL		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	V JACKSONVILLE FL	DELETE	1.4 CITY - ST	r-ZiP		
NAME	REID. RICHARD E		2.1 TITLE			Change L Addition
STREET ADDRESS	COO IN ECONOTIL OF OTT 4000		2.2 NAME			
	IACKCONDILLE EL		2.3 STREET ADDRESS			
CITY-SI-ZIP TITLE	V	DELETE	2. 4 CITY-S 3.1 TITLE	t - ZIP		Change Addition
NAME	MILLER, G T		3.2 NAME			T custife T vocition
STREET ADDRESS	200 W FORSYTH ST. STE 133	10	3.3 STREET	ADDDECD		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-S	1		
TITLE	SC	DELETE	4.1 TITLE	1-211		Change Addition
NAME	FRITTON, WANDA J	 ··· ·	4. 2 NAME			
STREET ADDRESS	200 W FORSYTH ST, STE 133	10	4.3 STREET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST	. 1		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			-
STREET ADDRESS			5.3 STREET A	ADDRESS		
CITY - \$T - ZIP			5.4 CITY - ST	I .		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	DORESS		

14. I 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:

CITY-ST-ZIP

FILED

Jan 30 1998 8:00am

Secretary of State