

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056281

1. Entity Name

PUTNAM TIMBER COMPANY, INC.

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90021 043 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O CALVIN E. HAYDEN 200 W FORSYTH STREET SUITE 1330 JACKSONVILLE FL 32202		Mailing Address C/O CALVIN E. HAYDEN 200 W FORSYTH STREET SUITE 1330 JACKSONVILLE FL 32202	
2. Principal Place of Business 200 W. Forsyth St., Ste. 417 Suite, Apt. #, etc.		3. Mailing Address 200 W. Forsyth St., Ste. 417 Suite, Apt. #, etc.	
City & State Jacksonville, Florida Zip 32202		City & State Jacksonville, Florida Zip 32202	
Country Duval	Country Duval	Country Duval	Country Duval
6. Name and Address of Current Registered Agent HAYDEN, CALVIN E 200 W FORSYTH STREET SUITE 1330 JACKSONVILLE FL 32202			
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 200 W. Forsyth Street, Suite 417 City Jacksonville Zip Code FL 32202			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAYDEN, CALVIN E. 200 W FORSYTH ST SUITE 1330 JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REID, RICHARD E 200 W FORSYTH ST, STE 1330 JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, G T 200 W FORSYTH ST, STE 1330 JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC FRITTON, WANDA J 200 W FORSYTH ST, STE 1330 JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Calvin E. Hayden, President

1/9/02 (904) 355-1330

Date

Daytime Phone #

CR2E034 (9/01)