

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90071 020 ***150.00

DOCUMENT # P97000082995

1. Corporation Name

NORTHERN LAND & TIMBER COMPANY

Principal Place of Business

228 E DUVAL STREET
LAKE CITY FL 32055

Mailing Address

228 E DUVAL STREET
LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1997

4. FEI Number

59-3469398

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 105 South 5th Street

Suite, Apt. #, etc.

22 City & State

23 Macclenny FLA

Zip Country

24 FLA 32063 25 BAKER

2a. Mailing Address

26 105 South 5th Street

Suite, Apt. #, etc.

27 City & State

28 Macclenny FLA

Zip Country

29 32063 30 BAKER

9. Name and Address of Current Registered Agent

GAFFORD, FRANK M
228 E DUVAL STREET
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name

George W Knabb

82 Street Address (P.O. Box Number is Not Acceptable)

105 South 5th Street

83

84 City

Macclenny

FL

85 Zip Code

32063

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME KNOBB, GEORGE L
STREET ADDRESS P.O. BOX 736
CITY-ST-ZIP MACCLENY FL 32063

TITLE VP ☐ DELETE
NAME SHADD, JOHN L
STREET ADDRESS P.O. BOX 506
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE ST ☐ DELETE
NAME PRITCHETT, M H
STREET ADDRESS P.O. BOX 311
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME KNABB, GEORGE W.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)