

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S14920** (0)

1. Corporation Name
SOUTHEAST TIMBER, INC.



Principal Place of Business 5 WEEKEWACHEE CIRCLE DESTIN FL 32541 US	Mailing Address 5 WEEKEWACHEE CIRCLE DESTIN FL 32541-4426 US
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2. Principal Place of Business 5 WEEKEWACHEE CIRCLE	2a. Mailing Address SAME
21. State, Apt. #, etc. DESTIN, FL.	26. State, Apt. #, etc.
22. City & State DESTIN, FL.	27. City & State
23. Zip 32541	28. Zip
24. Country USA	29. Country
25. Zip	30. Zip

3. Date Incorporated or Qualified 11/28/1990	3a. Date of Last Report 06/27/1996
4. FEI Number 59-3038607	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCGILL, LOTTIE S. 5 WEEKEWACHEE CIRCLE DESTIN FL 32541	
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10. Name and Address of New Registered Agent	
81. Name SAME	
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 **LOTTIE S. MCGILL, Sec. (Lottie S. McGill)** DATE **4/7/97**

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME MCGILL ROBERT E	
STREET ADDRESS 5 WEEKEWACHEE CIRCLE	
CITY-ST-ZIP DESTIN FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MCGILL LOTTIE S	
STREET ADDRESS 5 WEEKEWACHEE CIRCLE	
CITY-ST-ZIP DESTIN FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: **Lottie S. McGill (Lottie S. McGill)** DATE: **4/7/97** 904-837-9021

CR2E034 (9/96)