FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:32

DOCUMENT # S22895 (4)

1. Corporate Name

ANDREWS LAND AND TIMBER, INC.

Principal Place of Business	Mailing Address
PO BOX 2118 CHIEFLND FL 32626	PO BOX 2118 CHIEFLND FL 32626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3049603 — 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

2. Principal Place of Business	2a. Mailing Address
21 117 S. Main St.	26
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23 Chiefland FL	City & State 28 Chiefland FL
24 Zip 25	29 Zip 30

8. ... Florida Statutes. Yes / No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANDREWS, MILES D. 217 S. MAIN STREET CHIEFLND FL 33262	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 117 S. Main St. 83 84 City: Chiefland FL 85 Zip Code: 32626

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	TITLE	[X] Change [ ] Addition
NAME	MILES D. ANDREWS	NAME	
STREET ADDRESS	217 S. MAIN ST.	STREET ADDRESS	117 S. main St.
CITY-ST-ZIP	CHIEFLND FL	CITY-ST-ZIP	Chiefland FL 32626
TITLE	VP	TITLE	[X] Change [ ] Addition
NAME	KELBY A. ANDREWS	NAME	
STREET ADDRESS	217 S. MAIN ST.	STREET ADDRESS	117. S. main St.
CITY-ST-ZIP	CHIEFLND FL	CITY-ST-ZIP	Chiefland FL 32626
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Miles D. Andrews May 4, 1995 904-493-[illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0412816 FP