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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # V23902 (2) 1. Corporation Name SANDERS TIMBER CO., INC.						
Principal Place	of Business	Mailing Address			OLDI DIBUR DIBUI DIBIN BIBUR	1 1811 1 1811 1831
P.O. BOX 1924 P.O. BOX 1924 PALATKA FL 32177 PALATKA FL 32177						
FALAINA FI	L GETT	(ALMAN IL GETT		3. Date incorporated or Qualified 03/23/1992	3a. Date of Last Re 05/01/198	
Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	<u> </u>	pplied For
	ace of Business	26		59-3115005		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Y	Additional equired
City & State	0	City & State		Election Campaign Financing Trust Fund Contribution		May Be to Fees
23	Country	Zip	Country	8. This corporation has liability for in		
24	9. Name and Address of Currer	29 Agent	30	Florida Statutes (48) 10. Name and Address of New Re	- -	
	9. Name and Address of Currer	it negistered Agent	81 Name	10. 10.10		
SANDE	RS, CHARLES G.		82 Street Add	Iress (P.O. Box Number is Not Acceptable	6)	
	ER ROAD			1035 (107 20 110 110 110 110 110 110 110 110 110		
HOLLIS	STER FL 32147		83			
			84 City		FL B5 Zip	Code
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statu	les, the above-named corpo	ration submits this statement for the purp	pose of changing its re	egistered office
or registe familiar wi	to the provisions of Sections 607.0500 red agent, or both, in the State of Flori ith, and accept the obligations of, Sec	da. Such change was authori	zea by the corporation's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing its re intment as registered	egistered office agent. I am
or registe	red agent, or both, in the State of Flori	da. Such change was authori tion 607.0505, Florida Statute	zea by the corporation's boa	ard of directors. Thereby accept the appoint	DATE	
or registe familiar wi	red agent, or both, in the State of Flori ith, and accept the obligations of, Sec Signature, typed or printed name of registered agon OFFICERS AN	da. Such change was authorition 607.0505, Florida Statute t and title if applicable (N ID DIRECTORS	OTE: Registered Agent signature require	ard or directors. Thereby accept the appo	DATE CERS AND DIRECTO	RS IN 12
or registe familiar wi SIGNATURE	red agent, or both, in the State of Flori ith, and accept the obligations of, Sec Signature, typed or printed name of registered agon OFFICERS AN	da. Such change was authorition 607.0505, Florida Statute t and title if applicable (N	OTE: Registered Agent signature require 13. 1.1 TITLE	ard of directors. Thereby accept the appoint	DATE	
or register familiar with SIGNATURE 12. TITLE NAME	red agent, or both, in the State of Flori fith, and accept the obligations of, Sec Signature, typed or printed name of registered agon OFFICERS AN P SANDERS, CHARLES G.	da. Such change was authorition 607.0505, Florida Statute t and title if applicable (N ID DIRECTORS	OTE Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ard of directors. Thereby accept the appoint	DATE CERS AND DIRECTO	RS IN 12
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oath; that I am an officer or director of the corporation or the re appears in Block 12 or Block 13 if changed, or on an attachmen

SIGNATURE: _

4/29/94 448-2917