

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90035 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # L98899

1. Corporation Name
TIMBERLINE BUILDERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 921 S.E. 15TH AVENUE
 SUITE C
 CAPE CORAL FL 33990
 US

Mailing Address
 921 S.E. 15TH AVENUE
 SUITE C
 CAPE CORAL FL 33990
 US

3. Date Incorporated or Qualified
09/06/1990

2. Principal Place of Business
 21 **3618 Del Prado Blvd.**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **3618 Del Prado Blvd.**
 Suite, Apt. #, etc.

4. FEI Number
65-0220534

Applied For
 Applied For
 Not Applicable

22 City & State
Cape Coral, FL

27 City & State
Cape Coral, FL

23 Zip
33904

28 Zip
33904

24 Country
US

29 Country
US

30 Country
US

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

9. Name and Address of Current Registered Agent
COTTRELL, JAMES L.
1633 SE 47TH TERRACE
CAPE CORAL FL

10. Name and Address of New Registered Agent

81 Name

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	DIGGS, GEORGE C., III	
STREET ADDRESS	17970 SAWMILL LANE	
CITY-ST-ZIP	N FORT MYERS FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	GOMER, BRIAN D.	
STREET ADDRESS	3334 SE 22ND AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOMER, DAVID W.	
STREET ADDRESS	3510 SE 19TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	Wheeler, Richard	
STREET ADDRESS	4518 SW 6th Ave.	
CITY-ST-ZIP	Cape Coral, FL 33914	
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 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: Richard D. Gomer, VP 4-28-99 941-541-1441
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)