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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F21739** **(0)**

1. Corporation Name

TIMSAMLEE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
BOX 298 (MAIN STREET) **SPARR FL 32192-0298**	**BOX 298 (MAIN STREET)** **SPARR FL 32192-0298**

3. Date Incorporated or Qualified: **03/03/1981**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-2302883** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SIMMONS, Y.J.
116 SE FT KING STREET
OCALA FL 32671

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 617.1503, 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. The 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: (Required) (Must be signature of new registered agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HOWARD, SAMUEL B.		12 NAME	
STREET ADDRESS	BOX 298 (MAIN STREET)		13 STREET ADDRESS	
CITY-ST-ZIP	SPARR FL		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HOWARD, PAUL LEE		22 NAME	
STREET ADDRESS	BOX 298 (MAIN STREET)		23 STREET ADDRESS	
CITY-ST-ZIP	SPARR FL		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	HOWARD SAMUEL A.		32 NAME	
STREET ADDRESS	STAR ROUTE BOX 89-S		33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		34 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	HOWARD, RUTH E.		42 NAME	
STREET ADDRESS	12 GUERNSEY LANE		43 STREET ADDRESS	
CITY-ST-ZIP	EAST BRUNSWICK NJ		44 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	GIBSON, VICTOR J.		52 NAME	
STREET ADDRESS	P O BOX 370 (MAIN STREET		53 STREET ADDRESS	
CITY-ST-ZIP	SPARR FL		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is true and accurate. For profit corporations, 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: Samuel B Howard SAMUEL B. HOWARD 3-25-96 (352) 622-7063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

3/29/96