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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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: 03/29/1996

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

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

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 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
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	Chair. of Board	☒ Change ☐ Addition
NAME	HOWARD, SAMUEL B.		1.2 NAME	Winnifred T. Howard	
STREET ADDRESS	BOX 298 (MAIN STREET)		1.3 STREET ADDRESS	~~BOX 298~~ 2000 East Cty. Rd. 329	
CITY-ST-ZIP	SPARR FL		1.4 CITY-ST-ZIP	Sparr, Fla. 32192	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HOWARD, PAUL LEE		2.2 NAME	Paul L. Howard	
STREET ADDRESS	BOX 298 (MAIN STREET)		2.3 STREET ADDRESS	28 Almond Trail	
CITY-ST-ZIP	SPARR FL		2.4 CITY-ST-ZIP	Ocala, Fla. 34472	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD SAMUEL A.		3.2 NAME	100002080201	
STREET ADDRESS	STAR ROUTE BOX 89-S		3.3 STREET ADDRESS	-02/06/97--01058--001	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	***165.00	
TITLE	TD	☐ DELETE	4.1 TITLE	TD & Ass't. Sec.	☒ Change ☐ Addition
NAME	HOWARD, RUTH E.		4.2 NAME	Ruth E. Howard	
STREET ADDRESS	12 GUERNSEY LANE		4.3 STREET ADDRESS	~~BOX 298~~ 2000 East Cty. RD. 329	
CITY-ST-ZIP	EAST BRUNSWICK NJ		4.4 CITY-ST-ZIP	Sparr, Fla. 32192	
TITLE	SD	☐ DELETE	5.1 TITLE	Sec. & Ass't Treas.	☒ Change ☐ Addition
NAME	GIBSON, VICTOR J.		5.2 NAME	~~P.O. Box 370~~ 13565 NE 38 th Ave.	
STREET ADDRESS	P O BOX 370 (MAIN STREET		5.3 STREET ADDRESS	Sparr, Fla. 32192	
CITY-ST-ZIP	SPARR FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME			6.2 NAME	Samuel B. Howard	
STREET ADDRESS			6.3 STREET ADDRESS	~~P.O. Box 2340~~ 13838 N.E. 10th St.Rd.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Silver Springs, Fla. 34489	

CR2E034 (9/96)

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 _____ 1/3/97