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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90112 035 ***150.00

DOCUMENT # F21739

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/03/1981

2. Principal Place of Business
21 13033 N.E. JACKSONVILLE HWY.
22 Suite, Apt. #, etc.
23 City & State: SPARR, FLA
24 Zip: 32192 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 59-2302883 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, WINNIFRED T		1.2 NAME	
STREET ADDRESS	2000 EAST CTY. RD. 329		1.3 STREET ADDRESS	
CITY-ST-ZIP	SPARR FL 32192		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, PAUL LEE		2.2 NAME	
STREET ADDRESS	28 ALMOND TRAIL		2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD SAMUEL A.		3.2 NAME	
STREET ADDRESS	STAR ROUTE BOX 89-S		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	
TITLE	TDS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, RUTH E.		4.2 NAME	
STREET ADDRESS	13565 NE 38TH AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SPARR FL 32192		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GIBSON, VICTOR J.		5.2 NAME	
STREET ADDRESS	P O BOX 370 (MAIN STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	SPARR FL		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, SAMUEL B		6.2 NAME	
STREET ADDRESS	13838 N.E. 10TH ST. RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL 34489		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: SAMUEL B. HOWARD 1-14-99 352-622-7063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)