FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996		DIVISION O	CORPORATIONS		
DOCUN 1. Corporation	MENT #	G6716	3 (7)		-	
TIMB	er propert	IES. INC.				
1440	Ell I HOI Elli	120, 1110.			f 188tin 88ta Gini 1888 kulon f	Dilah kan Arhik andri diam bidan bibin ahba
Principal Place	Principal Place of Business Mailing Address				4 1004011 # BIR PINN 1990) HOLD	treba teta didir didir dibir didir bibir didir 1881
2321 NW 4 Suite A2	II ST		2321 NW 41 ST			
	GAINESVILLE FL 32606		SUITE A2 GAINESVILLE FL 32606			
					3. Date Incorporated or Qualified	3a. Date of Last Report
2. Priccipal Pla	ace of Business		2a. Mailing Address		10/31/1983 4. FEI Number	03/17/1995 Applied For
21			26		59-2343547	Not Applicable
Suite, Apt. #	^e , etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	SR 75 Additional
Orty & State			City & Etysto			Fee Required
23			City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zψ		ountry	Zip	Country	B. This corporation has liability for	Added to Fees intangible tax under s. 199 032
24	25		29	30	Florida Statutes Yes	□No
	9. Name and A	ddress of Current Re	gistered Agent	last s	10. Name and Address of New F	legistered Agent
CDAIN	THOMAS			81 Name)	
SPAIN, THOMAS 2321 N.W. 41ST STREET, SUITE A-2				82 Street	t Address (P.O. Box Number is Not Acceptat	ole)
	SVILLE FL 3260			83		
		•		84 City		
				,		FL 85 Zip Code
11. Pursuant to or registers	o the provisions of ed agent, or both, i	Sections 607,0502 and the State of Florida. S	607,1508, Florida Statut	es, the above-named o	corporation submits this statement for the pur s board of directors. I hereby accept the app	rpose of changing its registered office
famil är with	h, and accept the d	obligations of, Section 6	07.0505, Florida Statutes	S.	o board of directors. Thereby accept the app	omment as registered agent. Fam
SIGNATURE	Signatina i types Lempen te :	Discrept registered agent and to	ierit aan Arabia (NA	The Begistered Agent signature	TO UTS CARDO REPORTADO	DATE
12.		OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFF	
H'LF	PD		DELETE	1 1 TITLE		Change Addition
NAME	GERBER, S			1.2 NAME		
STREET ADDRESS	5600 NW 9			13 STREET ADDRESS		
C-1Y-S1 7/P TILE	GAINESVILI DST	LE FL	DELETE	2 1 11/1E	Gainesville, FL 3260	
NAME	KISH, JOHI	N .	<u> </u>	2 2 NAME		Change Addition
SIREEL ADDRESS	4421 NW 6			2.3 STREET ADDRESS		
CITY ST-ZIF	GAINESVILI	<u>E FL</u>		2 4 CITY-ST-ZIP		
TIFLE	VD.		DELETE	3 1 TIFLE		Change Addition
NAME SERFEL ADORESS	SPAIN, THO			3 2 NAME	5044 11 111 22 4 4	
CITY - ST. ZIF	GAINESVILI	41ST., STE A-2 F F1		3.3 STREET ADDRESS		<u>.</u>
101.f	WHITEOVILL	<u></u>	DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE	Gainesville, FL 3260	Change Addition
NAME				4.2 NAME		El sumido El sobilita)
STREET ADDRESS				4 3 STREET ADDRESS		
Clives*-ZP				44 CITY - ST - ZIP		
11 13			DELETE	5 1 THILE		Change Addition
NAME STREET ADDRESS				52 NAME		
CUT SE ZP				5.3 STREET ADDRESS		

6 4 CITY-ST-ZIP

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

6 1 HTLF

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

T-I4E

NAM:

STREET ADDRESS

DELETE

☐ Change

☐ Addition