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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H31569

(7)

Mailing Address

TIMELY TREASURES ANTIQUES, INC.

FILED
Apr 25 1997 8:00am
Secretary of State

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835 PARK AVENUE, HIGHWAY 17 C/O FRANK B. DYKES ORANGE PARK FL 32073		835 PARK AVENUE. HIGHWAY 17 C/O FRANK B. DYKES ORANGE PARK FL 32073		3. Date Incorporated or Qualified	3a. Date of Last	Report	
				11/19/1984	05/01/1996		
	lace of Business	2a. Mailing Address		4. FEI Number		upplied For	
21 694	LO'HARA RD.	26 694 O'HAN	CA RO.	59-2465665	N	lot Applicable	
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	, ,	Additional Required	
City & State 23 MIDDLE BURG, FL 28 MIDDLE BURG				6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip 3 Z	068 25 USA	ZIP 32068 30	Country D USA		Yes 🔽 No	s. 199.032,	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
	ES, FRANK B.		81 Name				
835	PARK AVENUE, HIGHWAY 17	694 O'HARA RD.	82 Street A	ddress (P.O. Box Number is Not Acceptab	le)		
ORA	NGE PARK FL 32073 M	IDDLEBURG, FL.		· · · · · · · · · · · · · · · · · · ·			
		1320	68 83				
			84 City	· · · · · · · · · · · · · · · · · · ·		Code	
11. Pursuarit l	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named o	orporation submits this statement for the pr	urpose of changing	its registered	
agent. Fai	egistered agent, or both, in the state b in familiar with, and accept the obligat	ions of, Section 607.0505, Florid	nonzed by the corpo da Statutes.	pration's board of directors. I hereby accep	t the appointment as	s registered	
SIGNATURE							
	Signature, typed or printed name of registered agent		legistered Agent signature r		DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC			
TITLE	P	DELETE	1.1 TITLE		L. Change	Addition	
NAME	DYKES, FRANK B.		1.2 NAME			İ	
STREET ADORESS	694 O'HARA ROAD		1.3 STREET ADDRESS				
CITY+ST-ZIP	MIDDLEBURG FL	C ociete	1.4 CITY+ST-ZIP				
THEE	ST	DELETE	21 TITLE		Change	☐ Addition	
NAME	DYKES, BONITA E.		22 NAME				
STREET ADDRESS	694 O'HARA ROAD		23 STREET ADDRESS			j	
CITY - ST - ZIF	MIDDLEBURG FL		2 4 CITY-ST-ZIP				
TITLE		DELETE	31 TITLE		Change	Addition	
NAME		·	32 NAME				
STREET ADDRESS			3 3 STREET ADDRESS				
CITY - ST - ZIF			3 4. CITY - ST - ZIP				
TITLE		☐ DELETE	41 TITLE		☐ Change	☐ Addition	
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-SI-2(P			4.4 City-St-ZiP				
THLE		☐ DELETE	51 TITLE		☐ Change	☐ Addition	
NAME			52 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
CHTY+ST+ZIP			5 4 CITY-ST-ZIP				
TiffE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY - \$1 - 7(F)			6.4 CITY - ST - ZIP				
	·						

4. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

(904) 272-3117