FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H92184** **(1)**

1. Corporation Name
TIMACUAN, INCORPORATED

Principal Place of Business	Mailing Address
550 TIMACUAN BLVD. LAKE MARY FL 32746	550 TIMACUAN BLVD. LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/26/1985**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 922 OLD EUSTIS RD
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: MT. DORA, FL
Zip — 24:
Country — 25:
Zip — 29: 32757
Country — 30: USA

4. FEI Number: **59-2819506** ☐ 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	10. Name and Address of New Registered Agent
KEIDAISH, PHILIP F. JR. 505 WEKIVA SPRINGS RD STE 800 LONGWOOD FL 32779	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's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	STENSTROM, PATRICIA T	☒ Change ☐ Addition
NAME	STENSTROM, PATRICIA T.	12 NAME		
STREET ADDRESS	550 TIMACUAN BLVD.	13 STREET ADDRESS	922 OLD EUSTIS ROAD	
CITY-ST-ZIP	LAKE MARY FL	14 CITY ST ZIP	MT. DORA, FL 32757	
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	STENSTROM, MARK E.	22 NAME		
STREET ADDRESS	4001 COUNTRY CLUB RD.	23 STREET ADDRESS		
CITY ST ZIP	SANFORD FL	24 CITY ST ZIP		
TITLE	AVP	31 TITLE	AVP	☒ Change ☐ Addition
NAME	STENSTROM, JULIE A.	32 NAME	STENSTROM, JULIE A	
STREET ADDRESS	951 OLD EUSTIS RD	33 STREET ADDRESS	922 OLD EUSTIS RD	
CITY ST ZIP	MT. DORA FL	34 CITY ST ZIP	MT. DORA, FL 32757	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	STENSTROM, BRYAN F.	42 NAME		
STREET ADDRESS	103 FRANKIE LANE	43 STREET ADDRESS		
CITY ST ZIP	LAKE MARY FL	44 CITY ST ZIP		
TITLE	S	51 TITLE	S	☒ Change ☐ Addition
NAME	ROBINSON, BECKY S.	52 NAME	ATWOOD, BECKY S	
STREET ADDRESS	102 FRANKIE LANE	53 STREET ADDRESS	102 FRANKIE LANE	
CITY ST ZIP	LAKE MARY FL	54 CITY ST ZIP	LAKE MARY, FL 32746	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I 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)(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: Julie A Stenstrom JULIE A. STENSTROM 4/1/95 904/383-2349
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Area Code & Daytime Phone #)

0040040 CP