

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

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**05 MAY -1 AM 9:54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J18415 (6)**  
1. Corporation Name  
**TIMUCUA CO.**

Principal Place of Business: **% T. JOEL GLENN  
HIGHWAY 27-2 MILES SOUTH OF FORT WHITE  
FORT WHITE FL 32038**

Mailing Address: **% T. JOEL GLENN  
HIGHWAY 27-2 MILES SOUTH OF FORT WHITE  
FORT WHITE FL 32038**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		06/09/1986	03/22/1994
22 State Apt # etc.		27 State Apt # etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-3011736	Not Applicable
24 Zip	25 County	29 Zip	30 County	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199(3)(b), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GLENN, T. JOEL HIGHWAY 27 2 MILES SOUTH OF FORT WHITE FORT WHITE FL 32038</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME STREET ADDRESS CITY & STATE ZIP	<b>PST GLENN, T. JOEL HWY 27 FOX DEN ROAD FORT WHITE FL</b>	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME STREET ADDRESS CITY & STATE ZIP		13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME STREET ADDRESS CITY & STATE ZIP		13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME STREET ADDRESS CITY & STATE ZIP		13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME STREET ADDRESS CITY & STATE ZIP		13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME STREET ADDRESS CITY & STATE ZIP		13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME STREET ADDRESS CITY & STATE ZIP		13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true to the best of my knowledge for the corporation's filing in the year 1995 under 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 on the date of filing and am qualified to receive the report and responses thereto under Florida Statutes, and that my name appears on Block 1, or Block 13, of the report as an officer or director with an address.

SIGNATURE: *T. Glenn* **AS of 4/25 (404) 752-3300**

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

