SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Sep 03 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # K09069 TIMMIS ENTERPRISES, INC. Principal Place of Business Mailing Address 5834 FOREST HILL BLVD. WEST PALM BEACH FL 33415 5834 FOREST HILL BLVD. WEST PALM BEACH FL 33415 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/28/1987 06/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0026279 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TIMMIS, WILLIAM THOMAS В1 Name 5834 FOREST HILL BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33415 **B3** Zip Code 85 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 (NOTL: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 1.1 TOTLE TIMMIS, WILLIAM THOMAS NAME **1.2 NAME** 2875 S. OCEAN BLVD. STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change TITLE 21 THE Addition TIMMIS, JO JANEEN NAME 22 NAME 5834 FOREST HILL BLVD. STREET ADDRESS 23 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIF 2 4 CITY-ST-ZIP TITLE DELETE 3.1 1ITLE Change Addition HURLEY, MELANI J. NAME 3.2 NAME 445 MARTIN AVE. STREET ADDRESS 3.3 STREET ADDRESS **GREEN ACRES FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-\$1-ZIP DELFTE TITLE Change 5.1 TIME ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Addition 61 HILE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

6.4 CITY - ST - ZIP 14. 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 logal 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.

11.00

FILED

(4/97)