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FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K73542 (8)
1. Corporation Name
TIMBERCREEK WHOLESALE, INC.



Principal Place of Business
22346 THOUSAND PINE LANE
BOCA RATON FL 33428
US

Mailing Address
22346 THOUSAND PINES LANE
BOCA RATON FL 33428
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1989

4. FEI Number

65-0134465

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

DOOLEY, ARTHUR D.
22346 THOUSAND PINES LN.
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 11106 WHISPERING PINES

84 City

BOCA RATON

FL

85 Zip Code

33428

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

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	DOOLEY, ARTHUR D.	22346 THOUSAND PINES LN	BOCA RATON FL	☐
VT	DOOLEY, MARGORY H.	22346 THOUSAND PINES LN	BOCA RATON FL	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	☒	☐	☐
2.1	2.2	2.3	2.4	☐	☐	☐
3.1	3.2	3.3	3.4	☐	☐	☐
4.1	4.2	4.3	4.4	☐	☐	☐
5.1	5.2	5.3	5.4	☐	☐	☐
6.1	6.2	6.3	6.4	☐	☐	☐

14. I 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

1/15/98

Date

561-483-6988

Daytime Phone #

0324731

CR2E034 (10/97)