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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K91201

(9)

TIMOTHY'S, INC.

Principal Place of Business Mailing Address 212 PARK AVE NORTH 212 PARK AVE NORTH WINTER PARK FL 32789 WINTER PARK FL 32789-3814 3a. Date of Last Report 3. Date Incorporated or Qualified 05/26/1989 05/01/1996 Applied For 2. Principa' Place of Busingss 2a. Mailing Address 4. FEI Number 212 PARK AVENUE N. 59-2952809 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be WINTER PARK Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation has liability for intangible tax under s. 199.032, USA Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LUCE, W. ALAN 1416 LAKE SHORE DR. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 83 84 Zip Code 11. Pursuant to the provisions of Sections 603,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. Lam friendlar with any accept the appointment as registered agent. Lam friendlar with any accept the obligations of, Section 607,0505, Florida Statutes. 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAMI LUCE, W. ALAN 1.2 NAME 1416 LAKE SHORE DR. 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 1,4 CITY-ST-ZIP 0:17 - S1 - ZIF DELETE Change ☐ Addition TITLE 2.1 T/TLE LUCE, CAROLYN R. 2.2 NAME NAME 1416 LAKE SHORE DR. 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 2 4 CITY-ST-ZIP CITY - \$1 - 7(P) DELETE Addition Change 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 34. CITY-ST-ZIF CHTY - ST - ZF

14. I do horsely 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 suppliermental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that Lam an officer or director of the corporation of 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 schanged, or on an attachment with an address.

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

62 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

**63 STREET ADDRESS** 

5.4 CITY-ST-ZIP

44 CITY-ST-ZIP

SIGNATURE

THEF

NAME

TITLE

NAME

TITLE

NAM: STREET ADDRESS

STREET ADDIRESS

STREET ADDRESS

City - St - ZiP

CITY-ST-ZIP

NATURE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

REQUEST PAIAN LUCE 1/20/97

407/629-0707

Change

Change

Change

Addition

Addition

Addition

**FILED** 

Apr 03 1997 8:00am

Secretary of State