

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 APR 29 AM 10:22****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # L32545****(0)**

1. Corporation Name

TIMBERWOOD VENTURES, INC.

Principal Place of Business

Mailing Address

**% WILLIAM L. TOWNSEND, JR.
200 REID ST., FIRST UNION BANK BLDG.
PALATKA FL 32177****% WILLIAM L. TOWNSEND, JR.
200 REID ST., FIRST UNION BANK BLDG.
PALATKA FL 32177**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/27/1989

3a. Date of Last Report

01/27/1994

4. FEI Number

59-2981257

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

**TOWNSEND, WILLIAM L., JR.
200 REID ST., FIRST UNION BANK BLDG.
P.O. BOX 250
PALATKA FL 32177**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	LIMANTI, M. BRUCE
STREET ADDRESS	807 ST. JOHNS AVE.
CITY - ST - ZIP	PALATKA FL
TITLE	VD
NAME	TOWNSEND, WILLIAM L, JR.
STREET ADDRESS	200 REID ST.
CITY - ST - ZIP	PALATKA FL
TITLE	VD
NAME	ROOD, RAYMOND S.
STREET ADDRESS	RT. 1, BOX 33
CITY - ST - ZIP	INTERLACHEN FL
TITLE	STD
NAME	ROWE, JOHN D.
STREET ADDRESS	RT. 5, BOX 1801
CITY - ST - ZIP	PALATKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

William L. Townsend, Jr., Vice President**4-20-95****(904) 328-9676**