

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90081 033 ***150.00

DOCUMENT # **L32545**

1. Corporation Name

TIMBERWOOD VENTURES, INC.

Principal Place of Business

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

Mailing Address

% 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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc. **200 Reid Street**
Capital City Bank Bldg.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc. **200 Reid Street**
Capital City Bank Bldg.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOWNSEND, WILLIAM L., JR.
200 REID ST., FIRST UNION BANK BLDG.
P.O. BOX 250
PALATKA FL 32178

81 Name

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

200 Reid St., Capital City Bank Bldg.

83 P. O. Box 250

84 City
Palatka

FL

85 Zip Code
32178

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **LIMANTI, M. BRUCE**
STREET ADDRESS **807 ST. JOHNS AVE.**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE **VD** ☐ DELETE
NAME **TOWNSEND, WILLIAM L, JR.**
STREET ADDRESS **200 REID ST.**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE **VD** ☐ DELETE
NAME **ROOD, RAYMOND S.**
STREET ADDRESS **RT. 1, BOX 33**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **STD** ☐ DELETE
NAME **ROWE, JOHN D.**
STREET ADDRESS **RT. 5, BOX 1601**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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, with all other like empowered.

SIGNATURE: **W. L. Townsend, Jr.** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

(904) 328-9676

Daytime Phone #

CR2E034 (11/98)