Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90090 026 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	MENT # L57291					
1. Corporation Name TIMBER LAKE RANCHES, INC.						
Principal Place	e of Business	Mailing Address		4 (QB)(QL) QUI ALLE LASIO ILBIO (SIO) SIOI DIDI	'I Millis Remit mines ni	.031 01911 1091
% GEORGE F. GRIMSLEY % GEORGE F. GRIMSLEY						
1708 METROPOLITAN BLVD. TALLAHASSEE FL 32308		1708 METROPOLITAN BLVD. TALLAHASSEE FL 32308		DO NOT WRITE IN TH	IIC CDACE	
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
			•	03/15/1990		
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
21		26		58-1889370	<u> </u>	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A	
22		27		5. Certificate of Status Desired	_ Fee Red	quired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be
23	,	28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		_
24	25	29	30	Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent	
ODIN	KOLEV OFORCE F		81 Name			
GRIMSLEY, GEORGE F.			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
1708 METROPOLITAN BLVD.						
TALLAHASSEE FL 32308			83			
			84 City		. 85 Zip C	ode
				F		
11. Pursuant	to the provisions of Sections 607.050)2 and 607.1508, Florida Statute of Florida, Such change was a	es, the above-named corp uthorized by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its i pointment as rec	registered jistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statutes.	,	•	
SIGNATURE			<u>.</u>			
	Signature, typed or printed name of registered age		Registered Agent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIPECTO	PS IN 12
12.	DPT OFFICERS AF	ND DIRECTORS	13. 1.1 YITLE	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE			1.2 NAME			
NAME	FAIRCLOTH, TOMMY M.		1			
STREET ADDRESS	75 24TH ST. N.E.		1.3 STREET ADDRESS			
CITY-ST-ZIP	CAIRO GA	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	Addition
TITLE	DS THEOLE HOUND ID	בן טכנבוכ				
NAME	TUGGLE, JOHN B., JR.		2.2 NAME			
STREET ADDRESS	1255 CRINE BLVD. N.W.		2.3 STREET ADDRESS			+ .
CITY-ST-ZIP	CAIRO GA	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
TITLE			3.2 NAME			
NAME			3.3 STREET ADDRESS			
STREET ADDRESS			3.4. CITY-ST-ZIP			. ,
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME		<u></u>	4. 2 NAME			_
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	·		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE: .

CITY-ST-ZIP