

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P04514 (6)

1. Corporation Name

TIMBER ENERGY RESOURCES, INC.



Principal Place of Business

Mailing Address

P O BOX 199
HIGHWAY 65 SOUTH
TELOGIA FL 32360

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HIGHWAY 65 SOUTH
TELOGIA FL 32360

3. Date Incorporated or Qualified 12/28/1984	3a. Date of Last Report 06/08/1995
4. FEI Number 76-0129846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

WENTWORTH, DONALD E.
7801 PETERSEN POINT ROAD
MILTON FL 32583-5599

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 the filer (applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.1 NAME	1.1 TITLE	1.1 NAME
1.2 NAME	1.2 NAME	1.2 NAME	1.2 NAME
1.3 STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS
1.4 CITY - ST - ZIP	1.4 CITY - ST - ZIP	1.4 CITY - ST - ZIP	1.4 CITY - ST - ZIP
2.1 TITLE	2.1 NAME	2.1 TITLE	2.1 NAME
2.2 NAME	2.2 NAME	2.2 NAME	2.2 NAME
2.3 STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS
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3.1 TITLE	3.1 NAME	3.1 TITLE	3.1 NAME
3.2 NAME	3.2 NAME	3.2 NAME	3.2 NAME
3.3 STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS
3.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP
4.1 TITLE	4.1 NAME	4.1 TITLE	4.1 NAME
4.2 NAME	4.2 NAME	4.2 NAME	4.2 NAME
4.3 STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS
4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP
5.1 TITLE	5.1 NAME	5.1 TITLE	5.1 NAME
5.2 NAME	5.2 NAME	5.2 NAME	5.2 NAME
5.3 STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS
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6.1 TITLE	6.1 NAME	6.1 TITLE	6.1 NAME
6.2 NAME	6.2 NAME	6.2 NAME	6.2 NAME
6.3 STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS
6.4 CITY - ST - ZIP	6.4 CITY - ST - ZIP	6.4 CITY - ST - ZIP	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)