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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P14762

(9)

TIMBERLINE INDUSTRIES, INC.

Principal Place of Business Mailing Address 2320 NE 33RD STREET 2320 NE 33RD STREET LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064

FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/09/1987 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 39-1416672 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 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 or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FABRY, KENNETH E. 2320 N.E. 33 STREET Street Address (P.O. Box Number is Not Acceptable) LIGHTHOUSE POINT FL 33064 83 City 84 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE Change Addition TITLE PTD 1.1 TITLE NAME 1,2 NAME FABRY, KENNETH E. 1.3 STREET ADDRESS STREET ADDRESS 2320 N.E. 33 STREET LIGHTHOUSE POINT FI CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ___ Change Addition TITLE 2.1 TITLE 22 NAME NAME FABRY, BARBARA L. STREET ADDRESS 2320 N.E. 33 STREET 2.3 STREET ADDRESS LIGHTHOUSE POINT FI 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 3.1 TITLE TIT! F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREËT ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 op an attachment with an address.