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 # **P26024** **(0)**

1. Corporation Name

TIMBERLAND FLOORING, INC.

Principal Place of Business

%PAUL BAUCKNECHT
10672 114 AVENUE NORTH
LARGO FL 34643

Mailing Address

%PAUL BAUCKNECHT
10672 114 AVENUE NORTH
LARGO FL 34643

3. Date Incorporated or Qualified: **09/13/1989**	3a. Date of Last Report: **03/06/1995**
4. FEI Number: **58-1830086**	☐ 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
Street, Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

BAUCKNECHT, MARY
10672 - 114TH AVE., N.
LARGO FL 34643

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 607.1505, 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 607.1505, Florida Statutes.

SIGNATURE (Required) (New Registered Agent's Signature, Required) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BAUCKNECHT, PAUL		12 NAME	
STREET ADDRESS	10672 - 114TH AVE., N.		13 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BAUCKNECHT, PAUL		22 NAME	
STREET ADDRESS	RT. 3 BOX 3508		23 STREET ADDRESS	
CITY-ST-ZIP	BLAIRSVILLE GA		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BAUCKNECHT, MARY		32 NAME	
STREET ADDRESS	RT. 3 BOX 3508		33 STREET ADDRESS	
CITY-ST-ZIP	BLAIRSVILLE GA		34 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	BAUCKNECHT, TODD E		42 NAME	
STREET ADDRESS	13018 CLAY AVENUE		43 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL		44 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	BAUCKNECHT, JR. P E		52 NAME	
STREET ADDRESS	4514 ZACK DRIVE		53 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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: PAUL B BAUCKNECHT 2/12/96 813-397-0697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #