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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P38116** (0)

95 MAR - 8 PM 3: 04

1. Corporation Name
TIMBERLAND HOMES, INC.

Principal Place of Business Mailing Address
SUITE 800, LB 71 SUITE 800, LB 71
15301 DALLAS PARKWAY 15301 DALLAS PARKWAY
DALLAS TX 75248 DALLAS TX 75248

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/25/1992** 3a. Date of Last Report **03/08/1994**

4. FEI Number **75-240111** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$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 2a. Mailing Address
21 Suits, Apt. #, etc. 25 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POSEY, LEE 15301 DALLAS PARKWAY DALLAS TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCPHAUL, GEORGE T 602 TRYON PLACE GASTONIA NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BROUGHTON, HOWARD 15301 DALLAS PKWY DALLAS TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD NICHOLSON, JAMES 15301 DALLAS PKWY DALLAS TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	DP LEE POSEY 15301 DALLAS PARKWAY DALLAS, TX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VP ALEX RODKER 15301 DALLAS PARKWAY DALLAS TX <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	FSD JOHN F. DULWEBER 15301 DALLAS PARKWAY DALLAS TX <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	TD KELLY TACKE 15301 DALLAS PARKWAY DALLAS TX <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 in an appointment with an address.

SIGNATURE: John F. Dulweber **2/10/95** **(214) 991-2422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR