

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000058469 (6)

1. Corporation Name

TIM'S PLACE, INC.

Principal Place of Business

Mailing Address

*363 A S. COUNTY RD
PALM BEACH FL 33480*

SAME

2. Principal Place of Business

2a. Mailing Address

21 *363 A S. County Rd*

26 *363 A S. County Rd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 *Palm Beach FL*

28 *Palm Beach FL*

Zip

Country

Zip

Country

24 *33480*

25 *Palm Beach*

29 *33480*

30 *Palm Beach*

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

08/16/1993

189

4. FEI Number

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. 190.032
Florida Statutes ☐ Yes ☒ No

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 for principal place of business (if not a corporation) (if applicable)

(NOTE: Registered Agent Signature required when re-registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME *PRESIDENT + DIRECTOR*
STREET ADDRESS *TIMOTHY LYNCH*
CITY-ST-ZIP *363 A S. COUNTY RD*
PALM BEACH FL 33480

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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