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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000064541 (3)**

1. Corporation Name
TIME ONLY, INC.

Principal Place of Business
233 SOUTH KENTUCKY AVE.
LAKELAND FL 33801

Mailing Address
233 SOUTH KENTUCKY AVE.
LAKELAND FL 33801

3. Date Incorporated or Qualified: **08/29/1994**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business
21 122 E. MAIN ST.
Suite, Apt. #, etc
22 LAKELAND, FL.
City & State
23
Zip 24 33801 Country 25 USA

2a. Mailing Address
26 122 E. MAIN ST.
Suite, Apt. #, etc
27
City & State
28 LAKELAND, FL.
Zip 29 33801 Country 30 U.S.A.

4. FEI Number: **59-3262762** ☐ 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

9. Name and Address of Current Registered Agent
RASSNICK, NEIL I
118 CROWN OAKS WAY
LONGWOOD FL 32779

10. Name and Address of New Registered Agent
81 Name GERALD W. POWELL
82 Street Address (P.O. Box Number is Not Acceptable) 7920 RIDGE POINTE DRIVE WEST
83
84 City LAKELAND FL 85 Zip Code 33810

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 GERALD W. POWELL (OWNER/PRES) JULY-14-1996
Signature, typed or printed name of registered agent, title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. Gerald W. Powell DIRECTORS

TITLE	PS MSP.	☐ DELETE
NAME	POWALL, GERALD W	
STREET ADDRESS	7920 RIDGE POINT DRIVE WEST	
CITY-ST-ZIP	LAKELAND FL 33809-4470	
TITLE	VT	☒ DELETE
NAME	RASSNICK, NEIL	
STREET ADDRESS	118 CROWN OAKS WAY	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Powell	☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerald W Powell July 14, 1996 941-682-8898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone