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 # **P95000005482 (1)**

1. Corporation Name

TIMBERLAND UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
103 NW MAIN ST THE TRAIN STATION CROSS CITY FL 32628	103 NW MAIN ST THE TRAIN STATION CROSS CITY FL 32628

3. Date Incorporated or Qualified: 01/15/1995
3a. Date of Last Report: 1/15/95
4. FEI Number: 59-3286841 (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	2a. Mailing Address
21	26 PO Box 2026
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State: Cross City, FL
24 Zip / 25 Country	29 Zip: 32628 / 30 Country: USA

9. Name and Address of Current Registered Agent

MCCONNELL, GWENDOLYN
103 NW MAIN ST
THE TRAIN STATION
CROSS CITY FL 32628

10. Name and Address of New Registered Agent

81 Name: Dolores J Sapsin
82 Street Address (P.O. Box Number is Not Acceptable): 616 N. Main St
83
84 City: Chiefland — FL — 85 Zip Code: 32626

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: X Dolores J Sapsin — Dolores J. Sapsin — DATE: 8/7/96
(Signature, type or print name of person signing. NOTE: Registered Agent signature required where indicated.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE: President 12 NAME: Dolores Joan Sapsin 13 STREET ADDRESS: 8751 N.W. 52nd Ave 14 CITY-ST-ZIP: Chiefland FL 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE: Vice President 22 NAME: Lee M Sapsin 23 STREET ADDRESS: 8751 N.W. 52nd Ave 24 CITY-ST-ZIP: Chiefland, FL 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE: TREASURER 32 NAME: Lee A Sapsin 33 STREET ADDRESS: 8751 N. W. 52nd Ave 34 CITY-ST-ZIP: Chiefland, FL 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE: 42 NAME: 43 STREET ADDRESS: 44 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE: 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:	☐ Change ☐ Addition

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-08/12/96--01048--024
***225.00
8/12/96

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: Lee A Sapsin — Lee A Sapsin — 6-8-96 (Date) — 352-498-6001 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

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