


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P95000007213 (8)**

1. Corporation Name
TIMBERLAND GATES, INC.

Principal Place of Business 12908 AIR WAY PANAMA CITY FL 32404-2833 US	Mailing Address 12908 AIR WAY PANAMA CITY FL 32404-2833 US
--	--



2. Principal Place of Business 21 12908 Air Way Street Suite, Apt. #, etc. 22 Panama City, FL City & State 23 32404-2833 25 Country Zip		2a. Mailing Address 26 12908 Air Way Street Suite, Apt. #, etc. 27 Panama City, FL City & State 28 32404-2833 30 Country Zip		3. Date Incorporated or Qualified 01/27/1995	3a. Date of Last Report 03/19/1996
		4. FEI Number 59-3307616		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

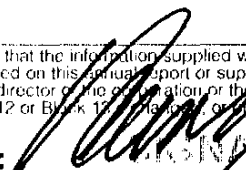
9. Name and Address of Current Registered Agent HUGHEY, BONNIE J 1500 SAN REMO AVE SUITE 239 CORAL GABLES FL 33146-3047		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
--	--	--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DAVID F	1.2 NAME	Young, David F.
STREET ADDRESS	12908 AIR WAY	1.3 STREET ADDRESS	12908 Air Way Street
CITY-ST-ZIP	PANAMA CITY FL 33	1.4 CITY-ST-ZIP	Panama City, FL 32404-2833
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DAVID F	2.2 NAME	Young, David F.
STREET ADDRESS	12908 AIR WAY	2.3 STREET ADDRESS	12908 Air Way Street
CITY-ST-ZIP	PANAMA CITY FL 33	2.4 CITY-ST-ZIP	Panama City, FL 32404-2833
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JUDITH C	3.2 NAME	Young, Judith C.
STREET ADDRESS	12908 AIR WAY	3.3 STREET ADDRESS	12908 Air Way Street
CITY-ST-ZIP	PANAMA CITY FL 33	3.4 CITY-ST-ZIP	Panama City, FL 32404-2833
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHEY, BONNIE J	4.2 NAME	Hughey, Bonnie J.
STREET ADDRESS	1500 SAN REMO AVENUE SUITE 239	4.3 STREET ADDRESS	1500 San Remo Avenue Suite 239
CITY-ST-ZIP	CORAL GABLES FL 47	4.4 CITY-ST-ZIP	Coral Gables, FL 33146-3047
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an amendment to this report.

SIGNATURE:  **DAVID F. YOUNG** **REQUIRED** **3/5/97** **(904) 871-4616**
 David F. Young, President/Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #
 0062269

CR2E034 (9/96)