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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000019644

1. Corporation Name

TIMBERLY, INC.

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90017 046 ***150.00



Principal Place	of Business	Mailing Address		Committee of the case of the second s	
8003 US HIGHW	VAY 301 N	P.O. BOX 639			
PARRISH FL 34219		ELLENTON FL 34222		DO NOT MIDITE IN THE CRACE	
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
_				03/10/1995	111
	ace of Business	2a. Mailing Address	202	4. FEI Number	Applied For
21	- <u>- </u>	26 P.O. BOX 28	88	65-0577296	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	· · · · · · · · · · · · · · · · · · ·		Fee Required
City & State	e	City & State	C1	6. Election Campaign Financing	\$5,00 May Be
23		28 ELLENTON	, <i>FL</i>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intang	_
24	25	29 34222	30 USA	1 olocial i topolis tom	Yes No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered Ag	ent_
	· · · · · ·		81 Name	PETACLOT CURTIS T.	
	rzoldt, curtis t		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	ROLAND OAKS CIR		Sireel A	1104 ROLAND OAKS CIR.	
SAR	ASOTA FL 34231		83	1	
Į			84 City C	ARASOTA FL	85 250031
		COZ (COO Floride Ctet)		orporation submits this statement for the purpose of ch	anning its registered
<u> </u>					
f office or n	enistered agent, or both. In the State of	of Florida. Such change was a	authorized by the coroor	ation's board of directors. I hereby accept the appointn	nent as registered
f office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was a	authorized by the coroor	ration's board of directors. I hereby accept the appoint	nent as registered
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14. 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 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 on an attactyment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

) Le ECKENTA BURNSIDE