FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000020116 (6)**

1. Corporate Name

TIMBERVEST, INC.

Principal Place of Business

5700 S.W. 34TH ST.
SUITE 203
GAINESVILLE FL 32608

Mailing Address

5700 S.W. 34TH ST.
SUITE 203
GAINESVILLE FL 32608

2. Principal Place of Business
21
Suite Apt. Number
22
City, State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. BOX 1352
Suite Apt. Number
27
City, State
28 LAKE CITY, FL
Zip 29 32056 Country 30 COLUMBIA

3. Date Incorporated or Qualified: 03/13/1995

3a. Date of Last Report:

4. FEI Number: 59-3304785 [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

MASTIN, JAMES T
5700 S.W. 34TH ST.
SUITE 203
GAINESVILLE FL 32608

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. [illegible] 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 of New Registered Agent — Typed or Printed Name of Registered Agent — Date

12. OFFICERS AND DIRECTORS

D [X] DELETE
DOESCHER, JAMES E
BAY POINT, BOX 28090
PANAMA CITY FL 32407

D [ ] DELETE
MASTIN, JAMES T
5700 S.W. 34TH ST.
GAINESVILLE FL 32608

D [X] DELETE
HOLZAEPFEL, JOHN H
27128 RED FOX DR.
BROOKSVILLE FL 34602

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.TITLE: D/P/V/T/S [ ] Change [X] Addition
2.NAME: SMITH, STEVEN A.
3.STREET ADDRESS: RT. 4 BOX 516
4.CITY ST ZIP: LAKE CITY, FL 32055

1.TITLE: C [X] Change [ ] Addition
2.NAME: MASTIN, JAMES T.
3.STREET ADDRESS: 5700 SW 34TH ST.
4.CITY ST ZIP: GAINESVILLE, FL 32608

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental 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 in compliance with Section 607.0830, Florida Statutes.

SIGNATURE: STEVEN A. SMITH 1/28/96 904-961-6271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)