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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000104379 (8) TIMBER-INVESTMENTS-CONSULTING, INC.

Principal Place of Business Mailing Address 6838 19TH STREET SOUTH 6838 19TH STREET SOUTH LAKE WORTH FL 33462-4010 LAKE WORTH FL 33462-4010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0122352 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WILKINS, JAMES L JR 6838 19TH STREET SOUTH Street Address (P.O. Box Number is Not Acceptable) 82 LAKE WORTH FL 33462-4010 63 84 City 85 Zip Code 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 Signature typed or printed name of registered agent and little if applicable (NOTE: Registered Agent alignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change TITLE 1.1 TITLE WILKINS, JAMES L JR NAME 1.2 NAME 6838 19TH STREET SOUTH 1.3 STREET ADDRESS STREET ADDRESS **LAKE WORTH FL 33462-4010** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TIFLE 3.1 TITLE 3.2 NAME

6.4 CITY - ST - ZIP 14. I 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 of the receiver or truries empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or an an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

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5.4 CITY-ST-ZIP

4.4 CITY - ST-ZIP

3.4. CITY - ST-ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE 52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE: V

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME STREET ADDRESS

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ONING OFFICER OR DIRECTOR

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FILED

Apr 21 1998 8:00am

Secretary of State

V01/14/98 V571-547-0532

Change

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