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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

Change

Change

___ Addition

Addition

- 1 100/1800 (180 100/11 100/11 000/100/11 00/11 00/11 00/11 00/11 00/12 00/12 00/12 00/12 00/12 00/12 00/12 00/12

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000043975 (6)

TIMBER LINE PRODUCTIONS INCORPORATED

Principal Place of Business Mailing Address						
, ,						
11225 NORTHWEST 122ND TERRACE ALACHUA FL 32616-0370			POST OFFICE BOX 370 ALACHUA FL 32616			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						05/14/1997
	Place of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number Applied For
21		26				59-3449379 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State		₁ '	City & State			6. Election Campaign Financing \$5.00 May Be
23		26				Trust Fund Contribution
Zip	Country	Zip		untry	!	8. This corporation owes or has paid the current year intangible
24	25 9. Name and Address of Curr	29 29 Annut	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
110		ent riegistered Agent		81	Name	IV. Italia and Address of the registered Agent
	RIGHT, BETTY JEAN	BAOE		L.		
11225 NORTHWEST 122ND TERRACE ALACHUA FL 32616-0370			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
ALMONON PL 32010-0370			83			

				84	City	FL 85 Zip Code .
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Flori	da Statutes, the a	bove	e-named coi	poration submits this statement for the purpose of changing its registered
office or i	re gistered age nt, or both, in the Sta am f am iliar with, and accept the obl	ite of Florida. Such char ligations of, Section 607	ige was authorize .0505, Florida Sta	ed by alules	/ the corpora 3.	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	,					
	Signature, type-for printed name of registered	<u>.</u>	(NOTE: Register	ed Age	nıl signature req.	rted when reinstaling) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	· •			TITLE		Change Addition
NAME				MAME		
			SIREEI	ADDRESS		
CITY-ST-ZIP				1.4 CITY-ST-ZIP		
TITLE	DELETE 2.1		TITLE		☐ Change ☐ Addition	
NAME	22		MAME			
STREET ADDRESS			2.3 9	STREET	ADDRESS	
			CITY - S	ST-ZIP		
TITLE	DELETE 3.1		ITLE		Change Addition	
NAME			321	VAME		
STREET ADDRESS	KET ADDRESS 33		STREET	ADDRESS		
CITY-ST-ZIP	The state of the s		CITY - S	ST-ZIP		
TITLE		□ D	ELETE 4.1.1	ITLE		Change Addition
NAME			4. 2	NAME		
STREET ADDRESS			4.3 \$	STREET	ADDRESS	
CITY-ST-ZIP			4.4 (CITY - S	T-ZIP	

CITY-ST-ZIP
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 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 attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

DELETE

1011-10- Roth, To 12: Lt - Rose On 12: 14 4-10-98(904)4623020