

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90145 011 ***150.00

DOCUMENT # P98000008113

1. Corporation Name

TIMBERWAY INVESTMENT GROUP, INC.

Principal Place of Business

234 LAFAYETTE CIRCLE
TALLAHASSEE FL 32303

Mailing Address

234 LAFAYETTE CIRCLE
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1998

4. FEI Number

59-3488297

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 owes the current year intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 2937 Kerry Forest Pkwy

Suite, Apt. #, etc.

22 Suite A-1

City & State

23 Tallahassee FL

Zip

24 32308

Country

25 US

2a. Mailing Address

26 2937 Kerry Forest Pkwy

Suite, Apt. #, etc.

27 Suite A-1

City & State

28 Tallahassee FL

Zip

29 32308

Country

30 US

9. Name and Address of Current Registered Agent

HODGE, KEITH L JR
234 LAFAYETTE CIRCLE
TALLAHASSEE FL 32303

change

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 3267 Lilburn Ct.

84 City Tallahassee

FL

85 Zip Code
32312

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HODGE, KEITH L JR
STREET ADDRESS 1855 NW 42ND AVE
CITY-ST-ZIP GAINESVILLE FL 32605

☐ DELETE

TITLE D
NAME HARVELL, BRADLEY S
STREET ADDRESS 925 RIDGE SPRING CT
CITY-ST-ZIP APOPKA FL 32712

☐ DELETE

TITLE D
NAME PEELER, MARTHA
STREET ADDRESS RT 1, BOX 165B
CITY-ST-ZIP QUINCY FL 32351

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3267 Lilburn Ct
Tallahassee, FL 32312

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Change

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Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2845 Royal Isles Dr.
Tallahassee, FL 32312

☒

Change

☐

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐

Change

☐

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐

Change

☐

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐

Change

☐

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐

Change

☐

Addition

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)