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

DOCUMENT # P98000032144

1. Corporation Name

TIMBED DECOVEDY INC

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90252 019 ***150.00

HINDEN	necovent, inc.								
Principal Place	e of Business	Mailing Address			-		() BB11281 tin inini (niti delit datti natii naia		E1E() 0101 1001
1161 HIGHWAY	434	1161 HIGHWAY 434							
WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708							DO NOT WRITE IN THI	e edace	
								3 SFACE	
							3. Date Incorporated or Qualifed		}
2 5	i	2n Mailing Addross					4. FEI Number	Δ	pplied For
— `	lace of Business	2a. Mailing Address					39-3504014		ot Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.							Additional
	#, E tc.	27					5. Certifcate of Status Desired	*	equired
City & Stat	е	City & State					6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country	Zip	Co	untry		_	8. This corporation owes the current year In	ntangible	
24	25	29	30	,		~	Personal Property Tax.	∐Yes	X (No
24	9. Name and Address of Curre		13-1				10. Name and Address of New Registered	l Agent	
		V v v		81	Name				
RICE	E, MARK W			00	C44	A -l -l	ss (P.O. Box Number is Not Acceptable)		
1161	i Highway 434			82	Street	Addres	SS (P.O. Box Number is Not Acceptable)		}
MIM	TER SPRINGS FL 32708			83					
								los I z:-	Carlo
				84	City		Fi	L 85 Zip	Code
office or r	registered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change wa pations of, Section 607.0505,	s authorize Florida Sta	ed by to	the corpo	oration	ration submits this statement for the purpose of is board of directors. I hereby accept the appropriate the purpose of the purpose of the purpose of its post of the purpose of the purpos	ointment as re	egistered
12.		AND DIRECTORS	13				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	DIP	☐ DELETE	1.1	TITLE		10	SIT	Change	Addition
NAME	RICE, MARK W		1.23	NAME		77	POSA L. RICK		
STREET ADDRESS	AAAA TIIOTIILIAW AAA		1.3 3	STREET	ADDRESS	116	I NIGHWAY 434		!
CITY-ST-ZIP	WINTER SPRINGS FL 32708		146	CITY-ST	r-ZIP	W	RESA L. RICE- I HIGHWAY 434 INTER SPRINGS, PC 3:	v 708	
TITLE		☐ DELETE	2.1	TITLE			,	Change	Addition
NAME			2.21	NAME -					
STREET ADDRESS			2.3	STREET	ADDRESS	-			
CITY-ST-ZIP			2. 4	CITY-S	T- ZIP	į			
TITLE		☐ DELETE	3.1	TITLE					
NAME	ļ			HILE				. Change	☐ Addition
STREET ADDRESS			3.21	NAME				Change	Addition
CITY- ST- ZIP				NAME	ADDRESS	Agrica de la companya		. Change	Addition
TITLE			3.3	NAME		Aggio a managara		. Change	☐ Addition
NAME		☐ DELETE	3.3 : 3.4.	NAME STREET				Change	Addition Addition
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STREET ADDRESS		☐ DELETE	3.34. 4.1 4.2	NAME STREET CITY-S TITLE NAME					
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.34 3.4. 4.11 4.2 4.33	NAME STREET CITY-S TITLE NAME	T-ZIP ADDRESS			☐ Change	Addition
		☐ DELETE	3.3 ; 3.4 ; 4.1 ; 4.2 ; 4.3 ; 4.4 ;	NAME STREET CITY-S TITLE NAME STREET	T-ZIP ADDRESS				Addition
CITY-ST-ZIP			3.3 : 3.4. 4.1 4.2 4.3 4.4 5.1	NAME STREET CITY-S TITLE NAME STREET CITY-SI	T-ZIP ADDRESS			☐ Change	Addition
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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, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

467) 327-8028