

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

FILED

Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S18239** (1)
1. Corporation Name
TIM ISMAN'S CUSTOM HOME IMPROVEMENT, INC.

Principal Place of Business
42 ISMON DR
CRAWFORDVILLE FL 32327
US

Mailing Address
42 ISMON DR
CRAWFORDVILLE FL 32327
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 251 Fallwood Lane Suite, Apt. #, etc.		2a. Mailing Address 26 251 Fallwood Lane Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/13/1990	
22 City & State Crawfordville		27 City & State Crawfordville		4. FEI Number 59-3043347	
23 Zip 32327		28 Zip 32327		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ISMAN, TIMOTHY W. 42 ISMON DR CRAWFORDVILLE FL 32327		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 251 Fallwood Lane 83 84 City Crawfordville FL 85 Zip Code 32327	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS ISMAN, TIMOTHY W.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42 ISMON DR	1.2 NAME	
STREET ADDRESS	CRAWFORDVILLE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV ISMAN, PATRICIA E.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42 ISMON DR	2.2 NAME	
STREET ADDRESS	CRAWFORDVILLE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D ISMAN, ESTHER P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	24 ISMON DR	3.2 NAME	
STREET ADDRESS	CRAWFORDVILLE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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.

SIGNATURE: *Timothy W. Isman* **Timothy W. Isman**
02-09-98 **(850) 524-1236**

CR2E034 (10/97)