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May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90087 006 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # S93102

1. Corporation Name

TIMBER CONSTRUCTION, INC.

Principal Place of Business

1389 ESMONT AVE  
SPRING HILL FL 34608

Mailing Address

1389 ESMONT AVE  
SPRING HILL FL 34608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1991

4. FEI Number

59-3096606

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

2a. Mailing Address

21 11405 TERRELL ROAD

26 11405 TERRELL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 SPRING HILL, FL

28 SPRING HILL, FL

Zip Country

Zip Country

24 34608

25 HERNANDO

29 34608

30 HERNANDO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIZIO, JOSEPH J.  
1389 ESMONT AVE  
SPRING HILL FL 34608

81 Name

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

11405 TERRELL ROAD

83

84 City

SPRING HILL

FL

85 Zip Code  
34608

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 *Joseph J. Lizio*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME LIZIO, JOSEPH J.  
STREET ADDRESS 1389 ESMONT AVE  
CITY-ST-ZIP SPRING HILL FL

1.1 TITLE D/P/S/T ☒ Change ☐ Addition  
1.2 NAME LIZIO, JOSEPH J.  
1.3 STREET ADDRESS 11405 TERRELL ROAD  
1.4 CITY-ST-ZIP SPRING HILL, FL 34608

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: *Joseph J. Lizio* SIGNATURE REQUIRED

Date

Daytime Phone #

4-26-99

352-688-2568

CR2E034 (11/98)