Zip   Country   Zip   Country   8. This economation has liability to intengible fax under s, 199.032,   Phirid Statutes   Phirid Statute			
DOCUMENT # VOOTHY  1. Corporation Name  Thin Declared word word Products Corp.  Thin Declared word word Products Corp.  It is served to be added to be a ser	CORPORATION Sandra B ANNUAL REPORT Secretar	. Mortham ry of State	
Principal Place of Business   Mailing Address	DOCUMENT # VOO144	. <u>s</u> -	
Street   S	0-10-	ts corp.	TALLAHASSEE FLORIDA
3. Date incorporated or Qualified  2. Principal Piace of Business  2. Making Address  2. Principal Piace of Business  2. Surie, Apr. 4, etc.  2. Surie, Apr. 5, etc.  2. Surie, Apr. 6, etc.  2. City & State  3. City & State  3. City & State  3. Country  4. Electrical of Status Desired  5. Country  4. Electrical of Status Desired  5. Country  5. Country  6. Electric Campsign Financing  7. Foodbload  7. Foodbload  7. Foodbload  7. Foodbload  8. Principal Piace of Business  8. City & State  3. Distance of Country  4. Electrical of Status Desired  5. Country  6. Electric Campsign Financing  7. Address of Country  8. Name and Address of Current Registered Agent  9. Name and Address of State Registered Agent  9. Name and Address of New Registered Agent  9. Name and Address of State Registered Agent  9. Name and Address of New Registered Agent  9. Name and Add	Principal Place of Business Mailing Address	- , ",	
2. Principal Place of Business	1110 E. 13 Street, Haleah,	FL 33010	
Surte, Apt. 8, etc    25		-,	12-12-91
Sales, Api, F., etc.    27	<b>-</b> ¬ '' '' ''		
City & Slate    City & Slate   City	Suite, Apt. #, etc Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
Zip   Country   Zip   Country   8. This comporation has liability to intengable tax under s, 199.032, 28   28   29   30   30   8. This comporation has liability to intengable tax under s, 199.032, 28   28   29   28   29   28   29   28   29   28   29   28   29   28   29   28   29   28   29   28   29   28   29   28   29   29			
9. Name and Address of Current Registered Agent PAGLO CORREDOR 3630 SUSTISON DR 362 Street Address (P.O. Box Number is Not Acceptable) 3630 SUSTISON DR 363 Street Address (P.O. Box Number is Not Acceptable) 364 Gity FL 39133 44 Gity FL 35 Zip Code 11. Pursuant to the provisionspot Sections 507 0502 and 607 1508, Florida Stat. Yes, the above-named corporation submits this statement for the purpose of changing its registered office or registered sperify or both in the State of Plorida. Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered open. I am family with, Andrew Agent and the state of Plorida. Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered open. I am family with, Andrew Agent and the state of Plorida. Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered open. I am family with, Andrew Agent and the state of Plorida. Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered open. I am family with, Andrew Agent and the state of Plorida. Stuck the state and the state and the state of Plorida. Stuck the state and the state and the state and the state of Plorida. Stuck the state and	<u> </u>	Country	
PABLO CORREDOR  3630 JUSTISON DR  NICKY, FL 30130  184 City  FL 55 Zip Code  185 City  FL 55 Zip Code  186 City  FL 55 Zip Code  187 City  FL 55 Zip Code  187 City  FL 55 Zip Code  188 City  FL 55 Zip Code	· · · · · · · · · · · · · · · · · · ·	30	Florida Statutes Yes No
Street Address (P.O. Box Number is Not Acceptable)		81 Name	IV. Name and Address of New Registered Agent
####315.00  #####315.00  ####315.00  ####315.00  ####315.00  ####315.00  #####315.00  #####315.00  #####315.00  #####315.00  #####315.00  #####315.00  #####315.00  #####315.00  #####315.00  #####315.00  #####315.00  ######315.00  #####315.00  #####315.00  ######315.00  #####315.00  ######315.00  ######315.00  ######315.00  ##################################	111000 0010100	82 Street Addre	ss (P.O. Box Number is Not Acceptable)
Section   Sect		83	· · · · · · · · · · · · · · · · · · ·
SIGNATURE	11.01,11,	1 1	<b> - </b>
SIGNATURE	11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Citat, let office or registered agent for both in the State of Florida, Such change was a	s, the above-named corporation	pration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
Signate Addition  Signate Addi		ida Statutes.	
DELETE   TITLE   Change   Addition	Signat Light of Annied name of registered agent and title if applicable. (NOTE,		
13 STREET ADDRESS	TITLE PUPSTD DELETE	<del></del>	
STREET ADDRESS   10   11   11   11   12   13   13   13   14   11   15   12   14   15   12   15   15   15   15   15   15		1.2 NAME	7000026838477
DELETE   DELETE   TITLE			-11/10/9801010002[
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DELETE   DELETE   3 1 TITLE   Change   Addition	STREET ADDRESS	2 3 STREET ADDRESS	
	CITY-ST-ZIP		Change Addition
33 STREET ADDRESS   34 CITY-ST-ZIP	<del>-</del>		C change - C wonton
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THE	<b>-</b>	i	
5 3 STREET ADDRESS   5 3 STREET ADDRESS     5 4 CITY - ST - ZIP			☐ Change ☐ Addition
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	STREET ADDRESS		
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TREEI ADDRESS  63 STREET ADDRESS  11 Y - ST - ZIP  64 CITY - ST - ZIP	IAME		Crease Addition
	STREET ADDRESS		
1.1 do hereby certify that the information supplied with this filling 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	aty · Si · ZiP		
	<ol> <li>I do nereby certify that the information supplied with this filing does not qualify information indicated on this annual report or supplemental annual report is true</li> </ol>	ior the exemption stated in and accurate and that m	n Section 119.07(3)(i), Florida Statutes, I further certify that the iy signature shall have the same legal effect as if made under oath; that

SIGNATURE:

98 NOV -9 PM 3: 0
SECRETARY OF STATE
TALLAHASSEE FLORID

TO: DIVISION OF CORPROATION P.O. BOX 6327
TALLAHASSEE, FL 32314

REF: TIMBERLAND WOOD PRODUCTS CORP.
DOC.# V00144

TO WHOM IT MAY CONCERN:

I AM ENCLOSING THIS LETTER ALONG WITH A CHECK OF \$315.00 TO COVER THE 1997-98 ANNUAL REPORT. THE REASON OF MY DELAY WAS BEACUASE I HAD A CHANGE OF MAILING AND PRINCIPAL ADDRESS I NOTIFIED YOUR OFFICE TO MY FASTES CONVINIENCE. PLEASE ACCEPT THIS CHECK TO COVER THE PROPER ANNUAL REPORT FEES AND IF YOU SHOULD HAVE ANY QUESTIONS PLEASE DON'T HESITATE TO CONTACT ME. THANK YOU IN ADVANCE FOR ALL YOUR HELP.

TRULY YOURS, PABLO CORREDOR PRESIDENT

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