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

PROFIT **CORPORATION** ANNUAL REPORT



Sandra B. Mortham

	ANNUAL REPORT 1998		Secretary of State DIVISION OF CORPORATIONS			DNS	Secretary of State			
1. Corporation		V03590 TIMBER, INC.	(9)							
LATITIAN	M GINOVES &	LIMDED, INC.								
Principal Place	e of Business		Mailing Address				 1	#11 91911 #1911 8 1 3 1		
211 S. FLORIDA AVE. LAKELAND FL 33801			211 S. FLORIDA AVE. LAKELAND FL 33801							
	•						DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE		
							12/27/1991			
	ace of Business		2a. Mailing Address				4. FEI Number		oplied For	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				59-3103323		ot Applicable Additional	
22			27			· ····	5. Certificate of Status Desired	Fee R	equired	
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	-	Country	Zip	Cou	ntry		8. This corporation owes or has paid the o	urrent year In	langible	
24 25 29 30 9. Name and Address of Current Registered Agent							Personal Property Tax due June 30. 10. Name and Address of New Registere		_] No	
LAT	HAM, ROBERT				81	Name				
211 SO FLORIDA AVE					62	Street Addre	ess (P.O. Box Number is Not Acceptable)			
LAKELAND FL 33801					B3					
					84	City		. 85 Zip	Code	
At Disputed to the provision of Cooking COT 0000 and COT 1500 Floride Clatides the						Ť	cration submits this statement for the surpass			
office or re	o me provisions o egi ste red agent, o m fem iliar with lan	r both, in the State of diaccept the obligation	Florida, Such change was ens of Section 607 0505. F	ues, the at authorized Inrida Stat	d by utes	the corporation	oration submits this statement for the purpose on's locard of directors. I hereby accept the a	or changing in opointment as	registered registered	
SIGNATURE		o becope in a congeni		100 0101						
12.	Signature, typed or print	of name of registered agent a OFFICERS AND I		TE Registered	Age	nt signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOL	OC IN 12	
TITLE	PD	OTTION NOTICE L	DELETE	1.1 10	TLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
NAME	L'ATHAM, RO	Bert C.		1.2 NA	ME					
STREET ADDRESS	211 SO. FLO			1.3 ST	REET	ADDRESS				
CITY-ST-ZIP TITLE	LAKELAND F		DELETE	1.4 CI 2.1 TI		1 - ZIP		☐ Change	Addition	
NAME	STD Carley, Tra	CV I	Otten	2.1 II 2.2 N/				[_] Custings	☐ Yourion	
STREET ADDRESS	1616 MONTE					ADDRESS				
CITY-ST-ZIP	LAKELAND F	<u> </u>		2.4 C	ITY - S	ST-ZIP				
TITLE	VD	☐ DELETE	3.1 10				Change	☐ Addition		
NAME STREET ADDRESS	SNYDER, MA 1616 MONTE			3.2 NA		ADDRESS				
CITY-ST-ZIP	LAKELAND F					ST-ZIP				
TITLE			DELETE	4.1 70				Change	☐ Addition	
NAME				4. 2 N	AME					
STREET ADDRESS				1		address				
CITY-ST-ZIP TITLE			DELETE	4.4 CF		I - ZIP	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition	
NAME				5.2 N/						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CI		<u>r-2IP</u>				
TITLE			DELETE	6.1 T(1				Change	Addition	
NAME STREET ADDRESS				6.2 NA		ADDRESS				
CITY-ST-ZIP				6.4 CI						
	31 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									

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 of 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 in the corporation of the corporati

4-24-00

FILED

May 04 1998 8:00am