

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

V72164

(9)

1. Corporation Name

TIMBERS, INC.



Principal Place of Business

1100 WEST BLUE SPRINGS AVE  
ORANGE CITY FL 32763

Mailing Address

1100 WEST BLUE SPRINGS AVE  
ORANGE CITY FL 32763

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

9. Name and Address of Current Registered Agent

CHINELLI, JOHN S.  
1100 WEST BLUE SPRINGS AVENUE  
ORANGE CITY FL 32763

3. Date Incorporated or Qualified  
10/12/1992

3a. Date of Last Report  
11/02/1995

4. FEI Number  
59-3177830

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature of Registered Agent (Required if Agent is not a shareholder)

(NOTE: Registered Agent Signature Required when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SINCLAIR, RICHARD W.  
670 SUMMERHAVEN DR.  
DEBARY FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CHINELLI, JOHN S.  
1100 W. BLUE SPRINGS AVE  
ORANGE CITY FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
STEWART, TOM B., JR.  
345 FORSYTH ST.  
JACKSONVILLE FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

Change Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

Change Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

Change Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

Change Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Change Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Chinelli

5/29/96

904-722-9810

CR2E034 (12/95)