

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 688827 (5)
 1. Corporation Name
TWC INVESTMENT COMPANY



Principal Place of Business 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607	Mailing Address 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607
--	--

3. Date Incorporated or Qualified 09/24/1980	3a. Date of Last Report 04/29/1996
4. FEI Number 59-2026256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent
**WILSON, JACK
 6200 COURTNEY CAMPBELL CAUSEWAY
 SUITE 600
 TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VS <input type="checkbox"/> DELETE
NAME	KOEHLER, DEBRA F.
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #600
CITY-ST-ZIP	TAMPA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILSON, CAROLYN
STREET ADDRESS	6200 COURTNEY CAMPBELL
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	DPT <input type="checkbox"/> DELETE
NAME	WILSON, JACK
STREET ADDRESS	6200 COURTNEY CAMPBELL
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	S <input type="checkbox"/> DELETE
NAME	MITCHELL, STEPHEN J.
STREET ADDRESS	ONE TAMPA CITY CENTER
CITY-ST-ZIP	TAMPA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	WELCH, GARY E
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #600
CITY-ST-ZIP	TAMPA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	BOWERS, CHRISTOPHER G
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #600
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: By: **Debra F. Koehler** **REQUIRED** **Debra F. Koehler, Sr. Vice Pres. 04/25/97 813/281-8888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)