

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

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 688827 (5)**  
1. Corporation Name  
**TWC INVESTMENT COMPANY**



Principal Place of Business <b>6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607</b>	Mailing Address <b>6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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3. Date Incorporated or Qualified <b>09/24/1980</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-2026256</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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)