

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 # **V70010 (6)**

1. Corporation Name
TWIN TWIST, INC.



Principal Place of Business: **9409 US HWY 19 #607 PORT RICHEY FL 34668 US**
Mailing Address: **9409 US HWY 19 #607 PORT RICHEY FL 34668 US**

3. Date Incorporated or Qualified: **10/05/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3148706**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**DEW, JOHN C.
150 2ND AVE. NORTH
SUITE 1500
ST. PETERSBURG FL**

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
FL

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: _____ (NOTE: Registered Agent for Intangible Corporate Liabilities) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	RIDGLEY, MYRON	
STREET ADDRESS	4550 BAY BLVD #1256	
CITY-ST-ZIP	NEW PT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIDGLEY, KAY	
STREET ADDRESS	4550 BAY BLVD #1256	
CITY-ST-ZIP	NEW PT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
2. NAME	
3. STREET ADDRESS	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Myron H. Ridgely
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/96 Telephone: 813-847-9644

CR2E034 (12/95)