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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000047777 (6)

1. Corporation Name
100 TWIGGS, INC.



Principal Place of Business

110 E MADISON ST
SUITE 200
TAMPA FL 33602
US

Mailing Address

110 E MADISON ST
SUITE 200
TAMPA FL 33602
US

3. Date Incorporated or Qualified

07/08/1993

3a. Date of Last Report

03/17/1995

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIEDEL, HARLEY E
100 EAST MADISON ST.
SUITE 200
TAMPA FL 33602

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 person in charge of filing this report (may be typed)

Signature of Registered Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
RIEDEL, HARLEY E
STREET ADDRESS
110 E. MADISON STREET, S-200
CITY, ST, ZIP
TAMPA FL 33602

1.1 TITLE ☐ Change ☐ Addition

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harley E. Riedel

1-26-96

813/229-0144

CR2E034 (12/95)