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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000047777 (6)

100 TWIGGS, INC.

Principal Place of Business			Ma	Mailing Address					1	L FRANKSAN PRO NOMBO NINI AMBIN AMBIN A		(IN 1980) (BB)(188	148 1 00 0 1004
110 E MADISON ST				110 E MADISON ST									
SUITE 200 TAMPA FL 33602			-	SUITE 200 TAMPA FL 33602				DO NOT WRITE IN THIS SPACE					
US				US				3. Date Incorporated or Qualified					
										07/08/1993			
2. Principal P	lace of Busi	ness		Mailing Address					4.	, FEI Number		} 	pplied For
21				Suite Ant # eta				-	59-3191011			ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5.	. Certificate of Status Desired			Additional equired	
City & State				City & State				6.	Election Campaign Financing			May Be	
23			28	28						Trust Fund Contribution			to Fees
Zip Country				Zip Country				8.	. This corporation owes or has p				
24	- Nami	25	29	laund & mank	30	_			1	Personal Property Tax due Jun Name and Address of New R			_] No
		and Address of Cui	rrent Regis	lered Agent		81	Nai	ne	10.	, Name and Address of New N	- Distoled	Agent	
	DEL, HARI						<u> </u>						
100 EAST MADISON ST. Suite 200						82	Stre	et Addre	ess (F	P.O. Box Number is Not Accepta	ble)		
TAMPA FL 33602												 	
						84	City	,				85 Zip	Code
											FL	<u>- </u>	
office or r	egistered a	gent, or both, in the Si	tate of Florid	ia. Such change was	authorize	ed by	the (ned corporation	oratio on's b	on submits this statement for the board of directors. I hereby acce	purpose o	of changing i pointment as	ts registered registered
agent. I a	m fa miliar w	ith, and accept the ol	oligations of	, Section 607.05 0 5, F	lorida Sta	atutes	š .			,		•	v
SIGNATURE	Cionalura Luna	d or printed name of registered	S account and litie	if porticable (NC	TE Panistar	ad Age	ent sign	aturo ronulro	d when	n reinstating)	DATE		
12.	Signature, typer		AND DIREC		13.	- -	- Corgri	store require		ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	D			☐ DELETE		INTLE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	☐ Addition
NAME	RIEDEL	HARLEY E			1.21	NAME							
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NAME						NAME	1000						
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6.4 CITY-ST-ZIP

14. I 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.

(76/0

FILED

Mar 03 1998 8:00am

Secretary of State