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 # 315505

(8)

TWEDT'S LANES, INC.

FILED Mar 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			- I INDIAND DIENS DIENS BIENDE MITTE DER MITTER MET MEN MITTER	BIBII BIBII BIBII BIBII IBBI		
13100 SEMINOLE BOULEVARD 13100 SEMINOLE BOULEVA			ARN			
LARGO FL 34646 37			מרו			
2001		• •	. 10	DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified 04/05/1967	}	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 614			yew Dr	59-1167273	Not Applicable	
Suite, Apt.	1	Suite, Apt. #, etc.	V 1000 .		\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat		City & State	E,	6. Election Campaign Financing	\$5.00 May Be	
	WATER TL	28 CHEATWATER	1 1 6	Trust Fund Contribution	Added to Fees	
Zip 2371	Country Provides	29 33756	Country IO FINCLAS	8. This corporation owes or has paid the cur	rent year Intangible ☐ Yes ☐ No	
24 77 [Name and Address of Currer		o rincias	Personal Property Tax due June 30. 10. Name and Address of New Registered		
KIRK,BOBBY 1614 GOLFVIEW DR						
CLEARWATER FL			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
OLLAMATENTE			83			
			84 City		85 Zip Code	
				F <u>L</u>		
office or r	edistered agent, or both, in the State	of Florida. Such change was au	thorized by the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	changing its registered ointment as registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typoid or profiled name of regethind agreed and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	8D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	KIRK,JOAN		1.2 NAME			
STREET ADDRESS	1614 GOLFVIEW DR.		1.3 STREFT ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE	21 TITLE		Change Addition	
NAME	KIRK, BOBBY		2.2 NAME			
STREET ADDRESS	1614 GOLFVIEW DR.		2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL	12 05 05	2 4 City-St-7iP			
TITLE	TD	DELETE	31 THILE		☐ Change ☐ Addition	
NAME	KIRK, MICHAEL		. 3.2 NAME			
STREET ADDRESS	2022 DODGE ST.		3 3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL	DELETE	3 4. CITY-ST-ZIP		Change Addition	
TITLE		☐ nere it	4 1 TITLE		Change Addition	
NAME STORET ADODESS			4 2 NAME			
STREET ADORESS	[:		4.3 STREET ADDRESS		1	
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition	
NAME		— oricit	5.2 NAME		Change Natilion	
STREET ADDRESS			5.3 STREET ADDRESS		-	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	•		
CITY-ST-ZIP			64 CITY - ST - ZIP			
3/11-5(-4/I	- 91-11 - 12 - 12 - 12 - 12 - 12 - 12 -	11 11 12 12 12 12 12 12 12 12 12 12 12 1	04 OH 1 OH 2 H	0 - 0 - 440 07(0)(0 - 5) - 1 - 0 - 4 - 4 - 4 - 4	THE RESIDENCE TO BE SEEN TO SEE	

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 corpolation 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.

CIGNATURE:

July Rich Pre

3-19-98