

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



2000
 DEPARTMENT OF STATE
 Sandra B. Matham
 Secretary of State
 DIVISION OF CORPORATIONS

1996-2496 B-

0171
 (6) C

DOCUMENT # 488738

1. Corporation Name

TWAR INVESTMENT GROUP, INC.



Principal Place of Business

Mailing Address

1074 SEABREEZE LANE
 GULF BREEZE FL 32561

1074 SEABREEZE LANE
 GULF BREEZE FL 32561

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/31/1975

3a. Date of Last Report

01/24/1995

4. FEI Number

59-1645461

Applied For Not Applicable

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

10. Name and Address of New Registered Agent

WOLFE, ROBERT
 7201 BAYSHORE DRIVE
 MILTON, FL. 32583

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 607.0022 and 607.1506, 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 607.0005, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

86

12. OFFICERS AND DIRECTORS

1. TITLE	DV	<input type="checkbox"/> DELETE
2. NAME	RASCOE, WALTER	
3. STREET ADDRESS	1074 SEABREEZE LANE	
4. CITY, ST, ZIP	GULF BREEZE FL	
5. TITLE	PD	<input type="checkbox"/> DELETE
6. NAME	WOLFE, ROBERT	
7. STREET ADDRESS	7201 BAYSHORE DR.	
8. CITY, ST, ZIP	MILTON FL	
9. TITLE	SDT	<input type="checkbox"/> DELETE
10. NAME	RASCOE, BETTY	
11. STREET ADDRESS	1074 SEABREEZE LANE	
12. CITY, ST, ZIP	GULF BREEZE FL	
13. TITLE	DV	<input type="checkbox"/> DELETE
14. NAME	WOLFE, MARY	
15. STREET ADDRESS	7201 BAYSHORE DR.	
16. CITY, ST, ZIP	MILTON FL	
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		
21. TITLE		<input type="checkbox"/> DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. 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)(b), 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 this 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:

Betty Rascoe Betty RASCOE

1-18-96 904-932-7814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone No.

CR2E034 (12/95)