

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 688668 (3)

1. Corporation Name

TWIN LAKE SUPERETTE, INC.

Principal Place of Business

HWY 90 W
P. O. BOX 1365
DEFUNIAK SPGS FL 32433

Mailing Address

HWY 90 W
P. O. BOX 1365
DEFUNIAK SPGS FL 32433



3. Date Incorporated or Qualified
09/22/1980

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASEY, W.L. III
RT 6 BOX 42
DEFUNIAK SPRINGS FL 32433

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

121 Boca Lara Lane

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CASEY, BETTY
RT 6 BOX 42
DEFUNIAK SPRINGS FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
TD
CASEY, BETTY
121 BOCA LARA LANE
DEFUNIAK SPGS., FL 32433

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HANNA, HAYWOOD
3125 ROBINSON PT RD
MILTON, FL 00000

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CASEY, W.L. III
RT 6 BOX 42
DEFUNIAK SPGS, FL 00000

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
PD
CASEY, W.L. III
121 BOCA LARA LANE
DEFUNIAK SPGS., FL 32433

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WOLFE, DAVID C
3142 ROBINSON PT RD
MILTON FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: W.L. Casey III W.L. CASEY III 4-19-96 904-892-3746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)