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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 698968 1. Corporation Name

Principal Place of Business

T. J. W. MANAGEMENT COMPANY, INC.

150 DUNDEE RD. DAYTONA BEACH SHORES FL 32118-5406		150 DUNDEE RD. DAYTONA BEACH SHORES FL 32118-5406		406	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					08/14/1981 4. FEI Number Apr	Lind For	
2. Principal Place of Business		2a. Mailing Address			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	olied For	
<u> </u>		26				Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required		
City & Stat	e	City & State			6. Election Campaign Financing \$5.00	May Be	
23		28	28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible	,	
24	25	29	0	•	Personal Property Tax.	□No	
	9. Name and Address of Currer				10. Name and Address of New Registered Agent		
			81	1 Name			
TIGH	IE, MICHAEL T.		ļ				
	DUNDEE ROAD		82	2 Street A	Address (P.O. Box Number is Not Acceptable)		
	TONA BEACH SHORES FL 3211	8	83	3			
UAI	TOTA DEADIT OF OFFICE TE SETT	•	"	<u> </u>			
			84	4 City	■■ 85 Zip C	ode	
					corporation submits this statement for the purpose of changing its		
SIGNATURE	m familiar with, and accept the obligation of registered age				oquired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12	
TITLE	DP	☐ OELETE	1.1 TITLE		☑ Change	Addition	
NAME	GOODWIN, MORRIS W		1.2 NAME				
STREET ADDRESS			13STRF	ET ADORESS			
		•	1.4 CITY-		Davetona Rel Shec Ft. 37.118		
CITY-ST-ZIP	DAYTONA BCH SHRS,FL00000				Daytona Bch. Shrs. FZ 32/18	Addition	
TITLE	SD		2.1 TITLE				
NAME	TIGHE, MICHAEL K.		2.2 NAME	1			
STREET ADDRESS	TOO DOTTOLL TID.		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	DATE TO THE STATE OF THE STATE		2.4 CITY		F7.06	D & datition	
TITLE	☐ DELETE 3.11		3.1 TITLE		Change	☐ Addition	
NAME			3.2 NAME	. [
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	<u> </u>		3.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME	ļ		4. 2 NAME	E			
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			44 CITY-	ST-ZIP	<i>≯</i>		
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition	
NAME.			5.2 NAME	:			
STREET ADDRESS			5.3 STREE	ET ADDRESS			
			5.4 CITY-	ST-ZIP			
CITY-ST-ZIP TITLE	 	□ DELETE	6.1 TITLE		☐ Change	Addition	
	[F1 222C1C	6.2 NAME	i			
NAME			1	ET ADDRESS			
STREET ARROSS	1		m b.iSIRF	E I ADUKESS !			

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90006 020 ***158.75