SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90022 044 ***550.00

DOCUMENT # F98000006515 ✓

1. Corporation Name

TWINS MORTGAGE CORP.

591838 - 90022 - 44

Principal Place of Business	Mailing Address
4906 NW 65TH WAY GAINESVILLE FL 32653	4906 NW 65TH WAY GAINESVILLE FL 32653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1998

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 4908 NW 34th St.	26 4908 NW 34th St.	36-3817351	Not Applicable
Suite, Apt. #, etc. 22 #5	Suite, Apt. #, etc. 27 #5	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Gainesville, FL	City & State 28 gainesville, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 32605	Country 25 Alachua	Zip 29 32605	Country 30 Alachua	8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CANNING, TERI 4906 NW 65TH WAY GAINESVILLE FL 32653	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 607.0502 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 **CVST**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME **CANNING, TERI**		1.2 NAME		
STREET ADDRESS **4906 NW 65TH WAY**		1.3 STREET ADDRESS		
CITY-ST-ZIP **GAINESVILLE FL 32653**		1.4 CITY-ST-ZIP		
TITLE **P**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME **CANNING, STEVEN**		2.2 NAME		
STREET ADDRESS **4906 NW 65TH WAY**		2.3 STREET ADDRESS		
CITY-ST-ZIP **GAINESVILLE FL 32653**		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
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		6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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.

SIGNATURE: _Teri Canning_ Teri Canning   7/10/99   352-330-6466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #