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

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** FLORIDA DEPARTMENT OF STATE Jan 26 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # G58710 (6)TWI PROPERTIES, INC. Principal Place of Business Mailing Address P.O. BOX 1452 P.O. BOX 1452 LAKE WALES FL 33859-1452 LAKE WALES FL 33859-1452 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1983 2. Principal Place of Business 2a. Mailing Address 4. FEi Number Applied For 21 26 59-2360101 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zìp Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TERRY, CLAY A. 1117 YARNELL AVENUE Street Address (P.O. Box Number is Not Acceptable) LAKE WALES FL 33853 83 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 tille if applicable Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12, OFFICERS AND DIRECTORS IN 12 DELETE 1 1 100 6 Change \_\_\_ Addition NAME TERRY, CLAY A. 1.2 NAME 1117 YARNELL AVENUE STREET ADDRESS 1.3 STREET ADDRESS LAKE WALES FL CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE Change TITLE DP 2.1 TITLE Addition NAME WHITE, NORMAN 2.2 NAME 225 PARTZ AVE. STREET ADDRESS 2.3 STREET ADDRESS LAKE WALES, FL 00000 CITY-ST-ZIP 2. 4 CITY - ST - ZIP □ DELETE \_\_\_ Change TITLE 31 TITLE NAME INGLEY, ROGER A. 3.2 NAME 1158 CEPHIA STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE HITCOCK, DAVID NAME 4. 2 NAME YARNELL AVENUE STREET ADDRESS 4.3 STREET ADDRESS LAKE WALES FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE TITLE 6.1 TITLE Change Addition

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14. Thereby 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 13 if changed, or on an attachment with an address. REDOGER A. INGley SIGNATURE:

6.2 NAME

6,3 STREET ADDRESS