

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 # **G76786** (4)
1. Corporation Name
TWC TEN, INC.



Principal Place of Business
**6200 COURTNEY CAMPBELL CAUSEWAY
TAMPA FL 33607**

Mailing Address
**6200 COURTNEY CAMPBELL CAUSEWAY
TAMPA FL 33607**

3. Date Incorporated or Qualified **12/30/1983** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2357857** 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

**WILSON, JACK
6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 600
TAMPA FL 33607**

10. Name and Address of New Registered Agent

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 607.1503, 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 or director, if applicable)

(Print Registered Agent Signature (must be handwritten))

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	DPT			
	WILSON, JACK	6200 COURTNEY CAMPBELL	TAMPA FL	
	D			
	WILSON, CAROLYN M.	6200 COURTNEY CAMPBELL	TAMPA FL	
	VS			
	KOEHLER, DEBRA F.	6200 COURTNEY CAMPBELL	TAMPA FL	
	S			
	MITCHELL, STEPHEN J.	ONE TAMPA CITY CENTER	TAMPA FL	
	V			
	WELCH, GARY E	6200 COURTNEY CAMPBELL CAUSEWAY, #600	TAMPA FL	
	V			
	BOWERS, CHRISTOPHER G	6200 COURTNEY CAMPBELL CAUSEWAY, #600	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE: By: **Debra F. Koehler**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Debra F. Koehler, Senior Vice President

04/22/96

813/281-8888

CR2E034 (12/95)