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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H53616 (9)

1. Corporation Name

TANGLEWOOD ASSOCIATES, INC.

Principal Place of Business

702 GARDEN ST.
TITUSVILLE FL 32796

Mailing Address

702 GARDEN ST.
TITUSVILLE FL 32796



3. Date Incorporated or Qualified
04/24/1985

3a. Date of Last Report
06/20/1995

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

PENNINGTON, ROBERT G.
3580 BURKHOLM ROAD
MIMS FL 32754

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 PD
NAME PENNINGTON, ROBERT G.
STREET ADDRESS 3580 BURKHOLM ROAD
CITY-ST-ZIP MIMS FL 32754

TITLE SD
NAME VANNESS, VINCENT
STREET ADDRESS 1504 S. CARPENTER ROAD
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE D
NAME SOWARDS, JUNIOR
STREET ADDRESS P.O. BOX 6021 N/A
CITY-ST-ZIP TITUSVILLE FL 32782-6021

TITLE VD
NAME SOWARDS, GARLAND
STREET ADDRESS P.O. BOX 6021 N/A
CITY-ST-ZIP TITUSVILLE FL 32782-6021

TITLE D
NAME OWENS, CAROL
STREET ADDRESS 613 PALM DRIVE
CITY-ST-ZIP HALLANDALE FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

OWEN, CAROL (delete "S" on name)
same

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT G. PENNINGTON

4-24-96 (407) 267-4897

Date

Daytime Phone #

CR2E034 (12/95)