

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J06597 (5)

1. Corporation Name
TWEED RIVER, INC.



Principal Place of Business
3010 N. 12TH AVE.
B
PENSACOLA FL 32503
US

Mailing Address
3010 N. 12TH AVE.
B
PENSACOLA FL 32503-4067
US

3. Date Incorporated or Qualified 03/27/1986 3a. Date of Last Report 03/19/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2795505 Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLT, EDWARD W. ATTY-AT-LAW
LEGAL CENTER CLINIC, PA
1108-A N 12TH AVENUE
PENSACOLA FL 32501

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 | <input type="checkbox"/> DELETE |
| NAME | TWEEDDALE, JAMES W., SR. | |
| STREET ADDRESS | 1230 DRIFTWOOD DRIVE | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | TWEEDDALE, NORMA T. | |
| STREET ADDRESS | 1230 DRIFTWOOD DRIVE | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | TWEEDDALE, WILLIAM F | |
| STREET ADDRESS | 1415 ROOSEVELT AV | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | TWEEDDALE, CAROL A | |
| STREET ADDRESS | 1415 ROOSEVELT AV | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | TWEEDDALE, JAMES W., SR | |
| 1.3 STREET ADDRESS | 3935 RAINTREE DR | |
| 1.4 CITY-ST-ZIP | PENSACOLA, FL 32503 | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | TWEEDDALE, NORMA T. | |
| 2.3 STREET ADDRESS | 3935 RAINTREE DR. | |
| 2.4 CITY-ST-ZIP | PENSACOLA, FL 32503 | |
| 3.1 TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | TWEEDDALE, JOHN W. | |
| 3.3 STREET ADDRESS | 3935 RAINTREE DR. | |
| 3.4 CITY-ST-ZIP | PENSACOLA, FL 32503 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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:

James W. Tweeddale, SR

2-14-97 904 434 5316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)