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Apr 01 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 # J09950

(3)

1. Corporation Name
TWIN OAKS, INC.

Principal Place of Business
808 ANCHOR RODE DRIVE
NAPLES FL 33940

Mailing Address
808 ANCHOR RODE DRIVE
NAPLES FL 34103-2739



3. Date Incorporated or Qualified 04/17/1986
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2666701		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CRANE, MICHAEL E.
6300 TRAIL BLVD. N.
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	D XX DELETE	1.1 TITLE	D XX Change <input type="checkbox"/> Addition
NAME	TIBSTRA, THOMAS	1.2 NAME	GERTRUDE TIBSTRA
STREET ADDRESS	808 ANCHOR RODE DRIVE	1.3 STREET ADDRESS	808 ANCHOR RODE DR
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	NAPLES, FL
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIBSTRA, LAWRENCE	2.2 NAME	
STREET ADDRESS	808 ANCHOR RODE DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DVP <input type="checkbox"/> Change XX Addition
NAME		3.2 NAME	THOMAS N. TIBSTRA
STREET ADDRESS		3.3 STREET ADDRESS	808 ANCHOR RODE DR.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	NAPLES, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DST <input type="checkbox"/> Change XX Addition
NAME		4.2 NAME	EVELYN JOYCE MANCINO
STREET ADDRESS		4.3 STREET ADDRESS	808 ANCHOR RODE DR.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	NAPLES, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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:

Lawrence J. Tibstra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

3-26-97

941-649-6889

Date

Daytime Phone #

0410665

CR2E034 (9/96)