

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90046 020 \*\*\*150.00

DOCUMENT # J09950

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 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1986

4. FEI Number

59-2666701

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ 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

LAWRENCE J TIBSTRA

82 Street Address (P.O. Box Number is Not Acceptable)

83

808 ANCHOR RODE DR

84 City

NAPLES

FL

85 Zip Code

34103

-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

3-25-99

12.

OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME  
TIBSTRA, GERTRUDE  
STREET ADDRESS  
808 ANCHOR RODE DRIVE  
CITY-ST-ZIP  
NAPLES FL

TITLE ☐ DELETE

NAME  
TIBSTRA, LAWRENCE  
STREET ADDRESS  
808 ANCHOR RODE DR  
CITY-ST-ZIP  
NAPLES FL

TITLE ☐ DELETE

NAME  
TIBSTRA, THOMAS N.  
STREET ADDRESS  
808 ANCHOR RODE DR.  
CITY-ST-ZIP  
NAPLES FL

TITLE ☐ DELETE

NAME  
MANCINO, EVELYN JOYCE  
STREET ADDRESS  
808 ANCHOR RODE DR  
CITY-ST-ZIP  
NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-25-99

941-649-6989

CR2E034 (1/98)