

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 # J24914 (0)

1. Corporation Name

ARMSTRONG TWIGG, INC.



Principal Place of Business

1168A W NEW HAVEN AVE  
W MELBOURNE FL 32937  
US

Mailing Address

1168A W NEW HAVEN AVE  
W MELBOURNE FL 32937  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 1168 W. New Haven Ave

City & State

23 W. Melbourne, FL

24 32904 25 US

2a. Mailing Address

26

Suite, Apt. #, etc.

27 1168 W. New Haven Ave

City & State

28 W. Melbourne, FL

29 32904 30 US

3. Date Incorporated or Qualified

07/21/1986

3a. Date of Last Report

04/11/1995

4. FET Number

59-2709339

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

9. Name and Address of Current Registered Agent

TWIGG, JAMES  
1168 W. NEW HAVEN AVENUE  
WEST MELBOURNE FL 32904

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 607.1508, 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

*James L. Twigg*

*GINGER L TWIGG*

*SECRETARY*

*4-29-96*

(Signature of person submitting this statement must be in ink)

(Signature of Registered Agent must be in ink)

Date

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME TWIGG, JAMES  
STREET ADDRESS 1086 GALT CIR  
CITY-ST-ZIP SATELLITE BEACH FL

☐ DELETE

TITLE DVS  
NAME TWIGG, GINGER L  
STREET ADDRESS 1086 GALT CIR  
CITY-ST-ZIP PALM BAY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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 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:

*James L. Twigg, Sec*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*GINGER L. TWIGG*

*4-29-96*

*107-984-4123*  
Date Daytime Phone #

CR2E034 (12/95)