

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J85650 (6)

1. Corporation Name

R-J. TWITTY & COMPANY



Principal Place of Business

415 SOUTH HYDE PARK AVENUE
306 SOUTH DALE MADRY
TAMPA FL 33606
US

Mailing Address

415 SOUTH HYDE PARK AVENUE
306 SOUTH DALE MADRY
TAMPA FL 33606
US

2. Principal Place of Business

21 2502 Rocky Pt. Dr.

Suite, Apt. #, etc

22 Suite 895

City & State

23 TAMPA, Florida

Zip

24 33607

Country

25 USA

2a. Mailing Address

26 2502 Rocky Pt. Dr.

Suite, Apt. #, etc

27 Suite 895

City & State

28 TAMPA, Florida

Zip

29 33607

Country

30 USA

3. Date Incorporated or Qualified
07/19/1987

3a. Date of Last Report
03/03/1995

4. FEI Number

59-2834928

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

FRANK, JOSEPH E.
415 SOUTH HYDE PARK AVE.
TAMPA FL 33606

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 607.1509, 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 (If agent, of registered agent, or not applicable)

(If officer, Registered Agent, or shareholder, of shareholder, of shareholder)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME TWITTY, ROBERT J.
STREET ADDRESS 6162 LEELAND ST S
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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)(4), 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

813-281-8767

CR2E034 (12/95)