FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K42870** **(1)**

1. Corporation Name
ANCHOR TWIN, INC.

Principal Place of Business	Mailing Address
16406 AVILA BLVD. **TAMPA FL 33613-1033**	**16406 AVILA BLVD.** **TAMPA FL 33613-1033**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/02/1988**

3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-2917736** ☐ 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

9. Name and Address of Current Registered Agent

YOUNG, JAMES E
16128 ANCROFT CT
TAMPA FL 33647

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when restated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DC**	11 TITLE	☐ Change ☐ Addition
NAME	**NAIMOLI, VINCENT J.**	12 NAME	
STREET ADDRESS	**16406 AVILA BLVD.**	13 STREET ADDRESS	
CITY-ST-ZIP	**TAMPA FL**	14 CITY ST ZIP	
TITLE	**DVP**	21 TITLE	☐ Change ☐ Addition
NAME	**NAIMOLI, LENDA F.**	22 NAME	
STREET ADDRESS	**16406 AVILA BLVD.**	23 STREET ADDRESS	
CITY-ST-ZIP	**TAMPA FL**	24 CITY ST ZIP	
TITLE	**DPT**	31 TITLE	☐ Change ☐ Addition
NAME	**YOUNG, JAMES E.**	32 NAME	
STREET ADDRESS	**16128 ANCROFT CT.**	33 STREET ADDRESS	
CITY-ST-ZIP	**TAMPA FL**	34 CITY ST ZIP	
TITLE	**DS**	41 TITLE	☐ Change ☐ Addition
NAME	**YOUNG, GLENDA H.**	42 NAME	
STREET ADDRESS	**16128 ANCROFT CT.**	43 STREET ADDRESS	
CITY-ST-ZIP	**TAMPA FL**	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 added by an attachment with an asterisk.

SIGNATURE: James E Young PRESIDENT 02/21/95 813 289 4003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0696262 CP