

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 # K42870 (1)

1. Corporation Name

ANCHOR TWIN, INC.



Principal Place of Business

Mailing Address

16406 AVILA BLVD.
TAMPA FL 33619-1093

16406 AVILA BLVD.
TAMPA FL 33619-1093

change
↓

change
↓

2. Principal Place of Business

2b. Mailing Address

21 16616 VILLA LENDA DE AVILA
Suite, Apt. #, etc.

26 16616 VILLA LENDA DE AVILA
Suite, Apt. #, etc.

22 City & State
23 TAMPA, FL

27 City & State
28 TAMPA, FL

24 Zip
33613

25 Country

29 Zip
33613

30 Country
USA

3. Date Incorporated or Qualified

11/02/1988

3a. Date of Last Report

02/27/1995

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

10. Name and Address of New Registered Agent

YOUNG, JAMES E
16128 ANCROFT CT
TAMPA FL 33647

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC
NAME NAIMOLI, VINCENT J.
STREET ADDRESS 16406 AVILA BLVD.
CITY-ST-ZIP TAMPA FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE DVP
NAME NAIMOLI, LENDA F.
STREET ADDRESS 16406 AVILA BLVD.
CITY-ST-ZIP TAMPA FL

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE DPT
NAME YOUNG, JAMES E.
STREET ADDRESS 16128 ANCROFT CT.
CITY-ST-ZIP TAMPA FL

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE DS
NAME YOUNG, GLENDA H.
STREET ADDRESS 16128 ANCROFT CT.
CITY-ST-ZIP TAMPA FL

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 E. YOUNG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/96
Date

289 4003
Daytime Phone #

CR2E034 (12/95)