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FILED

Mar 10 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

16616 VILLA LENDA DE AVILA
TAMPA FL 33613
US

Mailing Address

16616 VILLA LENDA DE AVILA
TAMPA FL 33613
US

3. Date Incorporated or Qualified

11/02/1988

3a. Date of Last Report

03/14/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

23

Country

25

Zip

29

Country

30

4. FEI Number

59-2917736

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DC
NAIMOLI, VINCENT J.
16406 AVILA BLVD.
TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DVP
NAIMOLI, LENDA F.
16406 AVILA BLVD.
TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DPT
YOUNG, JAMES E.
16128 ANCROFT CT.
TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DS
YOUNG, GLENDA H.
16128 ANCROFT CT.
TAMPA FL

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

XXX Change ☐ Addition

16616 VILLA LENDA DE AVILA

33613

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

XXX Change ☐ Addition

16616 VILLA LENDA DE AVILA

33613

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 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.

SIGNATURE:

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

President

03/05/97

813 289 4003

Date Daytime Phone #

CR2E034 (9/96)