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Feb 06, 1999 8:00am
Secretary of State

02-06-1999 90007 021 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # K87048

1. Corporation Name
TW MILLWORK INC.

Principal Place of Business
P.O. BOX 13158 - AIRGATE BRANCH
SARASOTA FL 34278

Mailing Address
425 WALLS WAY
OSPREY FL 34229
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1989

4. FEI Number

65-0125590

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 owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE ☐ DELETE

NAME
WINTER, THOMAS J
STREET ADDRESS
ONE POLO CLUB DRIVE
CITY-ST-ZIP
NARRAGANSETT RI

TITLE ☐ DELETE

NAME
WINTER, V. PAUL
STREET ADDRESS
425 WALLS WAY
CITY-ST-ZIP
OSPREY FL

TITLE ☐ DELETE

NAME
C T CORPORATION SYSTEM
STREET ADDRESS
1200 SOUTH PINE ISLAND ROAD
CITY-ST-ZIP
PLANTATION FL

TITLE ☐ DELETE

NAME
P.O. BOX 13158
STREET ADDRESS
AIRGATE BRANCH
CITY-ST-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
P
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
ONE POLO CLUB DRIVE
STREET ADDRESS
NARRAGANSETT RI
CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1-14-99 (941) 966-5574

CR2E034 (11/98)