

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07874

(5)

1. Corporation Name

TALWIL CORPORATION, INC.

Principal Place of Business

W-A VAUGHN WILLIAMS
5230 SOUTH ORANGE AVE.
ORLANDO FL 32809

Mailing Address

Michael Williams
5230 SOUTH ORANGE AVE.
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/07/1989

3a. Date of Last Report

04/06/1994

4. FEI Number

26-6016529

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WILLIAMS, A-VAUGHN
5230 SOUTH ORANGE AVE.
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

Michael L. WILLIAMS

82 Street Address (P.O. Box Number is Not Acceptable)

5230 SOUTH ORANGE AVE.

83

84 City

ORLANDO

FL

85 Zip Code

32809

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Michael L. Williams

(NOTE: Registered Agent signature required when reappointing)

DATE

4-11-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
MEDLOCK, MARYA
1500 ANCHOR CT
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
WILLIAMS, ARTHUR J.
71 INTERLAKEN ROAD
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
DAHMS, POLI
317 LAFAYETTE ST
DENVER CO

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 110.07(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:

Arthur J. Williams

Date

407-851-6230