

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L87127**

(1)

1. Corporation Name

TWEED ADVERTISING, INC.



Principal Place of Business

**2369 W FIRST ST
FORT MYERS FL 33901
US**

Mailing Address

**2369 W FIRST ST
FORT MYERS FL 33901
US**

2. Principal Place of Business

2a. Mailing Address

21 **2070 McGregor Blvd.**

26 **2070 McGregor Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 1**

27 **Suite 1**

City & State

City & State

23 **Ft. Myers, FL**

28 **Ft. Myers, FL**

Zip

Zip

Country

Country

24 **33901**

25 **Lee**

29 **33901**

30 **Lee**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/16/1990

3a. Date of Last Report
03/14/1995

4. FET Number
65-0213012

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

10. Name and Address of New Registered Agent

**TWEED, THOMAS D.
15456-9 ADMIRALTY CIRCLE
NORTH FORT MYERS FL 33917**

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 607.0607 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 607.0607, Florida Statutes.

SIGNATURE

Thomas D. Tweed as president

3/20/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	TWEED, TOM	
STREET ADDRESS	15456-9 ADMIRALTY CIRCLE	
CITY-ST-ZIP	N FORT MYER FL	
TITLE	VS	☒ DELETE
NAME	TRAVERSO, CASHEL	
STREET ADDRESS	6718 GRIFFIN BLVD	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	☐ Change ☒ Addition
31 TITLE	
32 NAME	VS
33 STREET ADDRESS	Douglas J. Vaught
34 CITY-ST-ZIP	250 Granada Blvd.
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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)(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:

Thomas D. Tweed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)