

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M74251** (3)

1. Corporation Name
TWC SIXTY-ONE, INC.



Principal Place of Business: % JACK WILSON, 6200 COURTNEY CAMPBELL CSWY., STE. 600, TAMPA FL 33607
Mailing Address: % JACK WILSON, 6200 COURTNEY CAMPBELL CSWY., STE. 600, TAMPA FL 33607

3. Date Incorporated or Qualified: **03/29/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2886277**
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

2. Principal Place of Business (21-23) and Mailing Address (24-26) details including Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **WILSON, JACK, 6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600, TAMPA FL 33607**
10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and 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, title, date, and the page number)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DPT	WILSON, JACK 6200 COURTNEY CAMPBELL TAMPA FL	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	WILSON, CAROLYN M. 6200 COURTNEY CSWY., #600 TAMPA FL	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS	KOEHLER, DEBRA F. 6200 COURTNEY CAMPBELL CAUSEWAY, #600 TAMPA FL	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	MITCHELL, STEPHEN J. ONE TAMPA CITY CENTER TAMPA FL	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	WELCH, GARY E. 6200 COURTNEY CAMPBELL CAUSEWAY, #600 TAMPA FL	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	BOWERS, CHRISTOPHER G. 6200 COURTNEY CAMPBELL CAUSEWAY, #600 TAMPA FL	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: By: *Debra F. Koehler* 04/22/96 813/281-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Debra F. Koehler, Senior Vice President

CR2E034 (12/95)