

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PH 1:54

DOCUMENT # **M74252 (1)**

1. Corporation Name
TWC SIXTY-TWO, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/29/1988	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

4. FBI Number 59-2886279	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes Yes No

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 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 resigning.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	WILSON, JACK
STREET ADDRESS	6200 COURTNEY CAMPBELL
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	WILSON, CAROLYN
STREET ADDRESS	6200 COURTNEY CAMPBELL
CITY - ST - ZIP	TAMPA FL
TITLE	VS
NAME	KOEHLER, DEBRA F.
STREET ADDRESS	6200 COURTNEY CAMPBELL CROSSWAY, STE 600
CITY - ST - ZIP	TAMPA FL
TITLE	S
NAME	MITCHELL, STEPHEN J.
STREET ADDRESS	ONE TAMPA CITY CENTER
CITY - ST - ZIP	TAMPA FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6200 Courtney Campbell Causeway, #600
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Welch, Gary E.
5.3 STREET ADDRESS	6200 Courtney Campbell Causeway, #600
5.4 CITY - ST - ZIP	Tampa, FL 33607
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Bowers, Christopher G.
6.3 STREET ADDRESS	6200 Courtney Campbell Causeway, #600
6.4 CITY - ST - ZIP	Tampa, FL 33607

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* **04/19/95 (813) 281-8888**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #
Debra F. Koehler, Sr. Vice President