

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 # **M96297** (0)

1. Corporation Name

TWIN PALMS, INC.



Principal Place of Business

Mailing Address

**650 MAYTOWN RD
DRAWER 100
OSTEEN FL 32764**

**P. O. BOX 250
DRAWER 100
OSTEEN FL 32764
US**

2. Principal Place of Business

2a. Mailing Address

21 **PO Box 250**

26 **PO Box 250**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/23/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2913242

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

**REISINGER, CLARK B.
650 MAYTOWN RD (DRAWER 100)
OSTEEN FL 32764**

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 of person designated as registered agent (if not the same as the

Signature of Registered Agent (Signature required when not the same as the

Date

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **POS
REISINGER, CLARK B.**
STREET ADDRESS **650 MAYTOWN ROAD**
CITY - ST - ZIP **OSTEEN FL**

2. TITLE ☐ DELETE

NAME **T
REISINGER, CLARK B.**
STREET ADDRESS **650 MAYTOWN ROAD**
CITY - ST - ZIP **OSTEEN FL**

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2. 2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3. 3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4. 4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5. 5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6. 6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**700001818107
-05/13/96--01027--008
***200.00**

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:

Clark Reisinger

CLARK REISINGER, PRES

4/30/96

407-323-8798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE AND PHONE NUMBER

CR2E034 (12/95)