FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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Jun 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **P94000070293 (3)**

1. Corporation Name
TWSP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1800 SUMMERLAND AVE WINTER PARK FL 32789 US	P.O. BOX 561027 ORLANDO FL 32856-1027 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1994

4. FEI Number: 59-3313063 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

2. Principal Place of Business
21 171 WEST FAIRBANKS AVE
22 Suite, Apt. #, etc. SUITE A
23 City & State WINTER PARK, FL
24 Zip 32789 25 Country US.

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
KELAHER, JAMES P
390 NORTH ORANGE AVE.
SUITE 1500
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name STEPHEN PRIEST
82 Street Address (P.O. Box Number is Not Acceptable)
83 171 WEST FAIRBANKS AVE
84 City WINTER PARK FL 85 Zip Code 32789

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] Signature, typed or printed name and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	CEO	☒ Change ☐ Addition
NAME	WINTERS, THOMAS F JR		1.2 NAME	STEPHEN R. PRIEST	
STREET ADDRESS	1800 SUMMERLAND AVE.		1.3 STREET ADDRESS	171 WEST FAIRBANKS AVE	
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CITY-ST-ZIP	WINTER PARK, FL 32789.	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PRIEST, STEPHEN R JR		2.2 NAME		
STREET ADDRESS	28 NORTH BROWN AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	400002555124	
STREET ADDRESS			6.3 STREET ADDRESS	-06/10/98--01079--025	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

6/9

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 4/25 (407) 644-4490