## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000078132 (5)

TWIN OAKS OF SEBRING, INC.

## **FILED** May 02 1997 8:00am Secretary of State



Principal Place of Business			Mailing Address									
246 N COMMERCE AVE SEBRING FL 33870			246 N COMMERCE AVE SEBRING FL 33870-3203									
						3. Date Incorporated or Qualified 10/24/1994	3a. Date of Last Report 05/01/1996					
2. Principal Pl	ace of Business	28.	. Mailing Address			·	4. FEI Number				ed For	
21			26								pplicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	ertificate of Status Desired See Required \$8.75 Additional Fee Required				
City & State			27 City & State									
23			28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be				
Zip	Country		Zip Cou				This corporation has liability for it					
24	25	29	. ,	30			Florida Statutes			JO1 5. 11	30.032.,	
	9. Name and Address of Current Registered		stered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10. Name and Address of New Registered Agent					
LINZER, DIANA L 246 N COMMERCE AVE					81 82	Name Street Ad	dress (P.O. Box Number is Not Acceptab	ss (P.O. Box Number is Not Acceptable)				
SEBF	RING FL 33870				83							
					63							
					84	City		FL	85	Zip Co	de	
44 Durement	to the provisions of Spetions 607.05.02	and 6	SOZ 1609 Elorido Statu	loe the a	hove	named or	progration submits this statement for the p	urnoso of	L	ing ite r	ogistored	
office or re	egistered agent, or both, in the State of Manual Country (1997) and accept the obligations of the obligations are second to the obligations of the	of Flori	ida. Such change was	authorize	d by	the corpor	ration's board of directors. I hereby accep	of the appo	intmei	nt as re	gistered	
•	m tamiliar with, and accept the obligat	uons o	), 500000 607.0505, FI	ionda Sta	tutes	i.						
SIGNATURE	Signature, typed or printed name of registered agen	i and Me	e if approcable (NO	IL: Hegistere	d Age	nt signature rec	quired when reinstating)	DATE				
12.	OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFFIC				(	
TITLE	DPST		☐ DELETE	1.1 T	TLE				Cha	inge	Addition   {	
NAME	UNZER, DIANA L			1.P N	AMî							
STREET ADDRESS	246 N COMMERCE AVE		1.8 \$			ADDRESS						
CITY-ST-ZIP	SEBRING FL 33870		D DOLLET		11Y-S	1-7IP			T 7.00			
TITLE	DV Linzer, Charles H SR		☐ DELETE 2.5					ļ	Cha	inge [	Addition   C	
NAME	248 N COMMERCE AVE			2.2 N		ADDD566						
STREET ADDRESS	SEBRING FL 33870			1		ADDRESS						
CITY-ST-ZIP TITLE	OLDI III TO TE GOOT		☐ DELFTE	311		31 - <b>Z</b> IP		5.5	Cha	ange	Addition	
NAME				3.2 N								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				1	DITY-5							
TITLE			DELETE	41 T					Cha	ange (	Addition	
NAME				4 2 1	MAME							
STREET ADDRESS				4 B S	TREET	ADDRESS						
CITY-ST-ZIP				440	ITY-S	T-ZIP						
TITLE			DELETE	51 T	ITLE				Cha	ange	Addition	
NAME				52 N	IAME							
STREET ADDRESS				53 S	TREET	ADDRESS						
CITY-ST-ZIP					IIY-S	T-ZIP			<del></del>			
TITLE			☐ DELETÉ	61 T		ļ			∐ Chá	ange (	Add/tion	
NAME				62 N		Ì						
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				640	ITY-S	T-ZIP						

14. I do 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.