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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000015893 (7)

Country

9. Name and Address of Current Registered Agent

25

BAUGH, THOMAS 125 PENDLETON AVENUE

EUSTIS FL 32726

T.W.B., INC.

City & State

24

Principal Place of Business	Mailing Address	4 FRAFFRANT SHE HAFAF BETER BOURL BOURL AND IN	il Albrai jidan siyat basid i	
125 PENDLETON AVENUE EUSTIS FL 32726	125 PENDLETON AVENUE EUSTIS FL 32726-2817			
		3. Date Incorporated or Qualified	3a. Date of Last	
		02/24/1995	05/01/1996	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	A	
21	26	65-0562870		
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75	

City & State

Zip

29

83 **B4** City Zip Code 85 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 if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

81

30

SIGNATURE	\$-gravin, Papula or printed harve of registered agent and title i		- F	ired when reinstating) DATE	
12.	Signal on the component rather of registered agent and titled applicable (NOTE OFFICERS AND DIRECTORS		Pegistered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TileF	D	DELETE	1.1 TITLE		
NAMI	BAUGH, THOMAS		1.2 NAME		
STREET ADDRESS	125 PENDLETON AVENUE		1.3 STREET ADDRESS		ı
0017 - 81 - 21P	EUSTIS FL 32726		1.4 CITY - ST - ZIP		'
TITLE	D	DELETE	2.1 TITLE	☐ Ch	ange Addition
NAME	BAUGH, GENE		2.2 NAME		
STREET ADDRESS	506 SO. CENTER STREET		2.3 STREET ADDRESS		
C:TY+ST+ZiP	EUSTIS FL 32726		2. 4 CITY-ST-ZIP		
TITE		DELETE	3.1 TITLE	□ Ch	ange Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY+ST ZIP			3 4. CITY+ST-ZIP		
THLF		☐ DELETE	4.1 TITLE	□ Ch	ange
NAME		•	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIF			4 4 CITY - ST - ZIP		
THLE		☐ DELETE	51 TITLE	□ Ch	ange
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CHY-ST-ZIP			5.4 CITY - \$T - ZIP		
TITLE		DELETE	6.1 TITLE	Ch	ange Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City - ST - ZIP			6.4 CITY - ST - ZIP	1	

14. I do horeby 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 withfan address.

NG OFFICER OR DIRECTOR

FILED

Mar 28 1997 8:00am

Secretary of State

This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

6. Election Campaign Financing

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

of Last Report

Applied For Not Applicable \$8.75 Additional Fee Required

\$5.00 May Be

Added to Fees