

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000038011 (9)

1. Corporation Name

TWIN CITY DEVELOPMENT CORP.



Principal Place of Business

1060 OREGON CT.
SARASOTA FL 34236

Mailing Address

1060 OREGON CT.
SARASOTA FL 34236

3. Date Incorporated or Qualified
05/12/1995

3a. Date of Last Report

2. Principal Place of Business

21 4845 BRADENTON RD

2a. Mailing Address

26 4845 BRADENTON RD

4. FEI Number

65-0582376

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA FL

City & State

28 SARASOTA FL

Zip

24 34234-3941

Country

25 USA

Zip

29 34234-3941

Country

30 USA

9. Name and Address of Current Registered Agent

ROWLEY, WILLIAM

1060 OREGON CT. 1111 HORIZON VIEW DR
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

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

1111 HORIZON VIEW DR

83

84 City

SARASOTA

FL

85 Zip Code

34234

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ROWLEY, WILLIAM
1060 OREGON CT.
SARASOTA FL 34236 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WARD, LONNIE JR
1060 OREGON CT.
SARASOTA FL 34236 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DIKRAN V. SIMIDIAN
1145 HORIZON VIEW DR.
SARASOTA, FL 34234 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ROBERT GLADSTONE
4712 HIGGINS AVE
SARASOTA, FL 34234 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
T ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS
1111 HORIZON VIEW DR

1.4 CITY - ST - ZIP
SARASOTA FL 34234 ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 of an agent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT GLADSTONE 4/1/96 941-358-0771

Date

Daytime Phone #

CR2E034 (12/95)