

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 # P95000060523 (4)

1. Corporation Name

TWIN PALMS TRANSPORTATION, INC.



Principal Place of Business

2141 N.E. 21ST AVE.  
JENSEN BEACH FL 34957

Mailing Address

2141 N.E. 21ST AVE.  
JENSEN BEACH FL 34957

3. Date Incorporated or Qualified  
08/04/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

21 Same

2a. Mailing Address

26 Same

4. FEI Number

650618768

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

24 25 MARTIN

Zip

Country

29 30 MARTIN

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STONEBRAKER, GERALDINE  
2141 N.E. 21ST AVE.  
JENSEN BEACH FL 34957

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 607.05(12) 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 of the corporation

DATE Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

D  
STONEBRAKER, GERALDINE  
2141 N.E. 21ST AVE.  
JENSEN BEACH FL 34957

DELETE

2. TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

3. TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

4. TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

5. TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

6. TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

Change Addition

2. TITLE

22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

Change Addition

3. TITLE

32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

Change Addition

4. TITLE

42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

Change Addition

5. TITLE

52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Change Addition

6. TITLE

62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change Addition

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:

Signature typed or printed name of signing officer or director

Geraldine Stonebraker  
GERALDINE STONEBRAKER

4-29-96

407-334-2070

CR2E034 (12/95)